PHILADELPHIA, SEPTEMBER 24, 1881.

## ORIGINAL LECTURES.

### CLINICAL LECTURE
### ON CONGENITAL SYPHILIS.

BY PROF. JOHN A. LARRABEE, M.D.,
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Reported by A. H. KELCH, M.D.

GENTLEMEN,—I find to-day in the waiting-room an infant, aged six months, whose disease presents a fruitful theme for our discussion. It is a case of congenital syphilis. I do not propose, however, to go again over the ground of the various manifestations of syphilis in the child: these have been dwelt upon at sufficient length in my previous lectures. Moreover, in the surgical clinic you have become familiar with the unsightly sores, the primary and secondary manifestations, the deformities and paralyses which follow in the course of this terrible scourge in the adult. You have observed the success with which the primary and secondary manifestations have been treated, and no doubt you have placed opposite the names in your notes an asterisk pointing to a foot-note which reads, "cured."

You have been taught to look upon the period of childhood as typical of purity no less than of innocence. How instinctively do we recoil from the thought of a loathsome disease in the precincts of the nursery! Childhood is the greenhouse of human life,—the garden in which, nurtured by paternal care and warmed by filial affection, the tendrils which bind us to earth are put forth, and the tender buds of infancy unfold into rosy childhood life. But, alas! there are slugs in our finest roses,—there are worms at the root. The time has been when men, like the giant oaks, grew white with the frosts of many winters, and even in the period of decay were monuments of physical integrity. The men who die at the top are growing less, while the bald head and wrinkled features are noticed on younger shoulders. What is the matter? If you will excuse the expression, they are dying not from the top but at the root.

As practitioners in the field of infancy and childhood, we are gleaners: we see the stubble after the grain is cut, we see the imperfection of boasted cures in the weakened offspring.

The period of latency is often called a cure.

The time will come when your voices as physicians will be more potent to preserve the nation's integrity than the voices of senators. Wholesome regulation of matrimonial union will eventually force its way into legislative halls, for nations have been weakened and rendered impotent by syphilis. Let us, then, consider the case before us in regard rather to its practical bearing and interest to us as the child's physician, than as a useless discussion of certain theories which, if established, have no influence in arresting the progress of the disease. It is enough for us to know that at some very remote period of the history of our old planet a poison was poured from the phial of God's wrath which, like the subtile poison poured into the ear of the Danish king, has distilled its leprous dew through countless generations.

Into the palaces of the rich, into the hovels of the poor, into the families of crowned heads and those of abject slaves, it makes its way, for no wealth or poverty hath control over the passions of the human soul.

Protean in its manifestations, ever assuming a different form, never wearing the same countenance twice, and always present for evil, you will recognize how necessary it must be to keep always on the alert that you may detect it in all its varied forms.

A review of the cases presented at this clinic in the last seven years, gentlemen, will prove the statement that two-thirds of the children brought here in that time have shown the syphilitic cachexia. That is a sad commentary, gentlemen, on the virtue of our people; but it is nevertheless true. When you go out into the practice of medicine you will find that a large number of your little patients possess the cachexia which is here presented to-day.

At this stage of your studies it is not necessary that I should portray for you the various manifestations of the different forms of this disease in the order in which they occur. It is perhaps necessary and best that I should give you some idea of the probable forms you will meet. Preparatory to doing so, let me say I would have you, in the first place, sceptical—entirely so—as to any history that may

be given you by the patients or their friends in this matter. Now, see what we have here,—this prematurely senile, little old man, with shrivelled limbs and stunted growth, with a pale, sallow, anæmic countenance. I tell you, gentlemen, phenomenal manifestations are worth more than all the histories ever gotten by interrogation. They must not be entirely unheeded, however. You will have cases put to you in this manner: you will be told that a marriage has taken place, and that in a reasonable time afterwards conception has occurred, and you, perhaps, are consulted on account of some of the little troubles that arise in the course of this interesting period. You congratulate the parents on this happy culmination of affairs, but, behold, about the third month you are called to conduct an abortion. In the space of the same year you are called to attend a miscarriage, No. 2. You are called in the second year to attend a premature birth, No. 3. Next you are called to the patient at full term to deliver a child that dies!

Wherever you have such a history, such a chain of circumstances, let it at once arouse your suspicions of syphilis; and, while you medicate the mother and seal your mouth, remember you are fighting the syphilitic dyscrasia. It is an unusual thing for abortion to occur unless brought about by this cause or by another which it is here unnecessary to name. It is the earliest manifestation which will attract your attention, and it points to syphilis before birth. Next comes syphilis after birth; now it may make its appearance in various forms or stages. The case before us is one of syphilis manifesting itself in six weeks after birth. From previous experience I am confident, although I have not talked with this mother, that she will recognize the truth of the statements I am about to make. "Madam, this child was born full and plump?" Yes, sir. "But it had sore eyes?" Yes, sir. "Which by improper treatment has left one eye sightless?" Yes, sir. "Then it took a bad cold and never got well?" Yes, sir. "Then your child had an eruption?" Yes, sir. "It still has some of this eruption upon it where it first made its appearance?" Yes, sir.

Now, gentlemen, if all these other symptoms were absent from this case except this single ecthymatous pustule, I would say, syphilis,—syphilis in the tertiary stage. It was primary in the father of this child. The mother, as mothers generally are, is entirely innocent. The father here communicated syphilis to his offspring in the very act of procreation. Thus syphilis has been carried in this mother's womb during all the period of gestation. Do you suppose she has escaped this ordeal unscathed? No, indeed. In the third month of pregnancy this woman had sore throat; mucous patches, then in regular order the other manifestations of the disease, made their appearance. Inoculated into the ovum at the moment of conception, the disease had stamped its mark upon the fœtus, and all but destroyed the child.

Thus you perceive here one of the manifestations of syphilis; but these are not the only manifestations. This case, unrecognized, might have gone on until caries of the bones occurred, until the nasal septum was destroyed; and let me warn you, gentlemen, where these manifestations of a persistent disease of mysterious character occur in a child, watch it closely, and when there appears the development of an ecthymatous pustule or intertrigo, then treat the case as a case of syphilis, and see how many times your suspicions will be confirmed by the results of treatment. The first symptom generally is restlessness, and this precedes the eruptive stage; the infant is never still, it is constantly in motion except when asleep, and it sleeps in the daytime and cries all night. It suffers the torture of pain which it cannot express.

How old must the child be before you can dismiss from your mind the idea of inherited syphilis? I answer, As old as Methuselah. The manifestations of the disease may appear at birth, at the fifth year, in adult life, at any time along the road. But take this as a rule, the later the manifestation the milder the cachexia.

Before these external manifestations appear, the oculist may look into the eyes and detect there the characteristic signs of its presence. The dentist, as he extracts affected teeth, sees the serrated edges of the incisors, and looks back into childhood and says, This is syphilis; and thus I might go on, gentlemen, until the hour had passed, enumerating the channels leading to the discovery of this cachexia; but the object of my lecture will have been obtained, which is to impress upon you, once and last, the necessity for keen and careful examination in infantile dis-

eases that do not readily admit of classification. Having made the diagnosis in this case, our minds are settled as to its cause. I have not inquired into the family history. I do not care to. I know I am correct. The proof of the pudding is in the eating; the confirmation of my assertions is to be found in the results of treatment.

That treatment shall be mercury and iodide of potassium. Specific diseases require specific treatment; and let me impress you with the fact that the best way to give mercury is to rub it in. If you give it by the mouth, in a few days you must stop on account of its effects upon the bowels; but rub it in, and you will soon be gratified to see these manifestations disappear like snow before a summer sun. The ecthymatous pustule will leave a mucous scar, the child will sleep all night and all day, and finally this will cease. Then is the syphilis cured? No. Then how long will you treat a case of this kind? Not long at a time, but you will watch it and treat it occasionally when the manifestations appear, for, I was about to say, during a natural lifetime. You are never to let such a case pass out of your observation.

What else shall you do? Nothing. This treatment will be successful if properly pursued. Therefore, we close to-day one of the most important subjects it were possible to bring before you.

## ORIGINAL COMMUNICATIONS.

### A CASE OF CANCER OF THE PANCREAS WITH SECONDARY DEPOSIT IN THE LIVER.

BY J. M. ANDERS, M.D.

MR. J. G., æt. 56, a saw-maker, had been ill four months before coming under my care. He stated that there was no traceable hereditary taint. His illness began with eructations and other dyspeptic symptoms associated with flatulence and constipation. About two months later (or two months before I saw him) he experienced pain in the epigastric region, which gradually increased as the case progressed, and a little later jaundice appeared rather suddenly, which remained permanent. When first seen by me (November 19, 1880) there was intense jaundice, marked emaciation and weakness, and severe pain in the epigastric and right hypochondriac regions, coursing downward toward the right groin and upward to the shoulder, and frequently around the body laterally to the back. The pain was of a stabbing character. There was nausea, but no vomiting; the mouth was parched, tongue dry and heavily coated with grayish-yellow fur; appetite poor; bowels loose, from four to six passages daily; stools light in color, containing considerable ropy mucus, and there was entire absence of biliary coloring-matter. Upon physical examination of the abdomen, I found slight tympany, with a great deal of gurgling. Liver-dulness extended about half an inch below the costal border, and in the region of the gall-bladder a small, smooth tumor could be felt on palpation, reaching about one and a half inches below the normal limit of liver-dulness. This at the time was regarded as a distended gall-bladder. No nodulation of the liver could now be detected. There was marked tenderness over the epigastric region, strongly suggesting the presence of local peritonitis. The most active remedies failed to stimulate the liver to secretion or to change the color of the alvine evacuations, and anodynes failed to afford relief from the intense suffering. As time went on, the whole aspect of the case grew worse, the pain, weakness, and emaciation becoming more pronounced.

February 1, the tumor referred to had become larger and more superficial, extending about two and a half inches below the ribs. It was firm to the touch, but scarcely at all nodular. The following phenomenon was observed in this connection: with the patient lying on his back and breathing naturally, the walls of the abdomen were seen to glide over this tumor, which was stationary, upward during inspiration and downward during expiration. A small nodule could now be felt about the middle of the left lobe of the liver. The patient was at this period sent to Tacony to live with a daughter, and I did not again see him until May 20, when I was called. At that time he was so reduced in strength as scarcely to be able to sit up in bed, and his general condition indicated approaching dissolution. The only change in the abdominal signs was a slight increase in the size of the tumor, which was still perfectly fixed, and the walls of the belly during inspiration glided over it, as before described. It was found that even forced breathing did not in the slightest degree influence the site of the growth. Death occurred June 10, 1881.

The autopsy was made thirty-six hours after death, Drs. William R. Cruice and Markwardt being present. The body was extremely emaciated. Heart and lungs normal in appearance, except colored with bile; pleura non-adherent. Spleen healthy-looking. The stomach was collapsed, and its coats natural, except a few patches of velvety redness of the mucous lining near the pyloric extremity. There was evidence of chronic peritonitis, particularly of the gastro-hepatic omentum. Coils of intestines free. Kidneys about normal in size; the right, however, was

engorged with venous blood. Capsule not adherent. The liver was slightly enlarged, and its parenchyma intensely stained with bile; capsule normal. On the under surface of the left lobe, at the anterior border, there was a small cancerous nodule; the right lobe showed half a dozen similar nodules, about the size of an English walnut, and extending along its under surface near its anterior edge.

The biliary ducts were all obliterated, and not even a trace of the ductus communis could be found. The gall-bladder, however, was about normal. The tumor, which had been felt through the walls of the abdomen, proved to be the head of the pancreas, which was the seat of cancerous change and was greatly enlarged, being at least three times its natural size, coming forward beyond the lower border of the liver, and extending to the right to the middle of the right lobe of the liver. Its consistence was only moderately firm, and in spots very friable. It was nowhere adherent. Body of pancreas somewhat enlarged, but free from cancer. Duct patulous.

*Remarks.*—Judging from the extraordinary size of the head of the pancreas and the amount of change there found, and from the fact that so few cancerous nodules were found in the liver and none at all in other organs, it is probable that the pancreas was affected primarily. The circumstance that the head of the pancreas attained such enormous dimensions without involving the duodenum or other adjacent organs by contiguity deserves note. It is generally held at the present day that the pancreatic secretion moistens and liquefies the contents of the bowels. The view doubtless receives confirmation from the present case, since it will be remembered that the pancreatic duct was patulous, and the body of the gland enlarged or tumefied, but apparently free from carcinoma: hence under these circumstances there probably was an abundant secretion of pancreatic juice, producing the looseness of the bowels. Physiologists agree that the bile is the chief natural laxative in health; but perhaps this teaching will need to be somewhat modified when we arrive at a further state of knowledge in regard to the action of the pancreatic secretion on the bowels and their contents.

One reason for reporting the present case is to show that the diagnosis of cancer of the pancreas is sometimes a difficult task. Some writers, among them Da Costa, think the disease can always be distinguished. The cardinal symptoms, according to these writers, are constipation, nausea, vomiting, and pain. But, as will have been observed in our patient's case, there was diarrhœa during nearly the entire course of the disease, and at no time was there vomiting.* In addition to these deviations from the general rule, the implication of the liver and the interference with its functions rendered a positive diagnosis during life almost out of the question. As a diagnostic sign, however, the immobility of the tumor already referred to deserves special prominence as excluding distention of the gall-bladder or growths of the liver and parietes; but this symptom could only be of service in thin subjects and with a tumor of considerable size.

## THE LOCATION OF BULLETS BY ELECTRICITY.

BY H. NICHOLS WADSWORTH, D.D.S.,
Washington, D.C.

I DESIRE to put on record a discovery made in 1875, by which lead can be located in a living human subject by means of electricity. I quote from my article of that date, forwarded for publication to Dr. J. W. White, editor of the *Dental Cosmos*, of Philadelphia, the receipt of which he acknowledged under date of June 14, 1875, which letter of acknowledgment now lies before me; also the letter of acknowledgment of Dr. J. B. Hunter, of the New York *Medical Journal*, dated June 12, 1875, which letter acknowledging the receipt of my article also lies before me.

"I have discovered by a series of experiments with the electro-magnetic battery that a current of electricity thrown through the human living body gives rise to great uneasiness when passing through lead, amounting to absolute pain if the power of the battery is increased and the current through the lead is continued any length of time.

"Having in my profession but limited means of verifying or extending the experiments upon this most interesting subject, it must be left for extension in the hands of the surgeon, who so frequently probes in vain for the leaden messenger of death,—to the surgeon, whose field of observation is so much more extended, and who has the material for experiment so much more abundant."

* Authors disagree as to the proportion of cases in which there is vomiting.
Wardell (Reynolds's System of Medicine, p. 421) states that diarrhœa is present in about one-third of the cases.

The above extracts from my articles, with the date, and the date of the editors' replies, are evidence of the time of the discovery, and its presentation to medicine and surgery.

My first experiments were upon my own person, having had the misfortune to receive a full charge of shot from a friend's gun, whilst woodcock-shooting. Each pole of the battery should have a wet sponge attached. Placing one pole at the base of the brain, or base of the spinal column, a distinct feeling of uneasiness is experienced when the other pole is placed so as to pass the magnetic current of electricity through the lead, and this uneasiness is quickly rendered decidedly painful if the current is continued long and increased in power, although that increased power will give no uneasiness when applied on other parts of the body.

My second series of experiments were made upon an old soldier, kindly sent to me by Dr. Norris, U.S.A. This ball was lodged four or five inches from the spinal column, and a little below the fifth rib, as near as I can remember, and could be felt with the hand. Mr. McGill says, "The feeling was of a stinging character," and when a stronger current was passed through the lead "caused me to jump in my chair."

My third experiment was with Colonel Morrow, U.S.A., of Gen. Sherman's staff.

Dr. Basil Norris, Surgeon U.S.A., says of the ball in Colonel Morrow's case, "The point of entrance of the ball was near the groin; the current located it on the inner aspect of the thigh near the knee."

Colonel Morrow says, "I am satisfied your location is a correct one."

My fourth experiment was on John Tehan, at the Soldiers' Home, by courtesy of Dr. Huntington, U.S.A., in charge. "The ball in this case," says Dr. Norris, "entered about the centre of the right gluteal region; the current located the ball near the hip-joint." Mr. Tehan says, "You found the most painful point in your experiment on me."

In the second and the fourth or last case the current was longer continued and the power of the battery increased so as to prove beyond a doubt the presence of the lead; the patients being strong men. Dr. Norris says, "Your experiments with the electro-magnetic current to find a bullet lodged in the living body—as witnessed by me—were successful in defining a painful or burning sensation supposed to be produced by the presence of the ball."

Dr. D. L. Huntington, Surgeon U.S.A., and acting-surgeon in charge of the Soldiers' Home, through whose courtesy I performed the experiment at Soldiers' Home Hospital in presence of himself and Dr. Norris, says, "I have no hesitation in saying that I think your experiments on August 7, on the person of Tehan, an inmate of the Home, demonstrated the presence of a metallic body at or about the region between the greater trochanter of the right femur and the tuberosity of the ischium." "The presence of this body was repeatedly evidenced by a sharp pricking pain, with some shock, when the magnetic current was made to traverse the region; similar effects were not produced under similar manipulations on other regions."

In all these experiments the lead was encysted, the wounds having occurred more than twenty years previous to this date.

In recent wounds I have no doubt the most gentle current would indicate the presence of lead, and with a little care the location could in most cases be reduced to the diameter of one inch, which would be sufficiently accurate for the surgeon's purpose.

Having obtained a pretty accurate knowledge of the location by the experiments, the poles of the battery should be brought as near the lead as possible, and the current thrown through it in as direct a line as possible.

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## ACUTE POISONING BY ALCOHOL.

BY J. H. MUSSER, M.D.

J. S., æt. 4 years, white, male; mother keeps a small grog-shop. At 4 P.M. on the 27th of July of this year she found her little son behind the bar, draining a tumbler of its contents. At once she saw that he had taken whisky of an uncertain quantity, though not less than two ounces. In fifteen minutes he was stupid, and in fifteen more he was unconscious. According to a neighbor's statement, at 6 P.M. "he was like death,"—pale and cold, with a cold, clammy perspiration on face and body, with an excessively frequent and very feeble pulse, and breathing heavily.

He was placed in a hot mustard-bath and rubbed with whisky. Reaction set in in an hour. Not regaining consciousness, however, I was sent for.

I saw him at 11 P.M., in the following condition. Skin hot, dry, red; extremities warm; temperature, 102½°; respiration, 44, not stertorous; pulse, 140, quick and small; completely unconscious, conjunctivæ insensible, pupils contracted and insensible to light; general anæsthesia. After considerable effort emesis was brought about; food and a large quantity of a pink-colored mucus and fluid were discharged. The breath and the vomited matter were of a strong alcoholic odor. After vomiting he could be slightly aroused, but consciousness returned gradually, and he did not recognize his mother until 6 A.M. of the next day. That day, a foul tongue, no appetite, and an irritable temper were the only symptoms noted.

From what I subsequently learned, the boy took fully four ounces of spirit. The case illustrates the law that liquors are more readily borne in early than in later life. It is sad to relate that not only has the boy a nervous system that can bear the blows of stimulants, but also one that craves them. About a year previous to this occurrence he took, clandestinely, sufficient liquor to stupefy him for some time. Often he has been tipsy. While attending his mother in illness, when the boy was but three years old, I was horrified to find him smoking a cigar, the strength of which would have made me succumb. Smoking is a daily luxury with him. When one considers the character of the whisky and cigars kept at these corner grog-shops, to express surprise is mild exclamation.

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TINCTURE OF CONVALLARIA IN PAROXYSMAL CARDIAC PALPITATION.—Semonowski reports a case of nervous paroxysmal palpitation of the heart, associated with pain radiating into the left arm, occurring in a pale, nervous woman of thirty years. All kinds of remedies had been employed without benefit, until Botkin advised the administration of tinct. convallariæ majalis, in ten-drop doses, four times a day. In the course of a week all the subjective symptoms had subsided, while a previously demonstrable moderate dilatation of the right ventricle and of the left auricle diminished so far as to leave only slight dulness on percussion in the upper part of the left parasternal line.—*St. Petersburger Medicinische Wochenschrift*, May 7, 1881; *New York Medical Record.*

# NOTES OF HOSPITAL PRACTICE.

## EPISCOPAL HOSPITAL.

*CLINICAL SERVICE OF DR. LOUIS STARR.*

Reported by CHARLES M. SELTZER, M.D., Ex-Resident Physician.

### *PROGRESSIVE PERNICIOUS ANÆMIA—TRANSFUSION PERFORMED—BLOOD-CELLS COUNTED WITH THE HÆMACYTOMETER.*

AS long as the origin of the blood-corpuscles remains mystified in theories and ill-defined facts, so long will our knowledge of diseases of the blood remain incomplete, and our treatment unsatisfactory or else of no avail. The case about to be related is especially interesting on account of the numerous and combined causative agencies, and the completeness of the clinical features.

On September 15, 1880, G. C., Irish, laborer, æt. 40 years, was admitted to the Episcopal Hospital, said to be suffering with chronic diarrhœa. His former illnesses were bronchitis and diarrhœa while in the army in 1864, and intermittent fever contracted in the swamps of North Carolina about the same time: the latter continued at intervals until about three years ago. He had had gonorrhœa, but no history of syphilis could be obtained. He had been employed for a long time in lead-works, but had never had any signs of poisoning.

The onset of his present illness was dated back two years, at which time he began to feel weak and languid and had to pass his urine frequently and in small quantities. Thirteen weeks before admission diarrhœa commenced, and it continued with increased severity, so that when first seen he was profoundly anæmic; the countenance pale and with a slightly yellow tinge; conjunctivæ pearly; tissues generally flabby; slight œdema of legs and feet; tongue thick, flabby, and coated; bowels very loose, the passages being light yellow, thin, and containing some white flakes. There was no vomiting or cough, but there was great prostration. A more minute physical examination showed the lungs healthy; the apex-beat of heart in normal position, with some irregularity, an apex systolic murmur, heard also at base and in the axillary line; increased dulness in liver and splenic regions; some pain in the lower part of the abdomen; urine of light-yellow color, sp. gr. 1012, no albumen or

sugar. The blood was examined with Dr. Gowers's modified hæmacytometer, the result being: number of red corpuscles per cm., 745,000; number of white corpuscles per cm., 5000.

After this detailed examination the case was diagnosed one of progressive pernicious anæmia. His treatment was quinine, iron, and punch by the mouth, and opium by the rectum, upon which he seemed to improve until September 19, when he had severe pain in the abdomen, followed by short attacks of diarrhœa, and on September 25 the diarrhœa became continuous. The blood-count at this date was: number of red corpuscles per cm., 755,000.

September 29.—Had a slight chill in the morning; the respirations became rapid; vomited several times. Dulness not nearly so marked in the splenic region, but the liver-dulness about the same.

September 30.—Vomiting and diarrhœa continue; passages contain shreds of mucus, and are greenish yellow. Bismuth. subcarb. gr. xx and pulv. ipecac. gr. iij every three hours, and an ounce of lime-water to every three ounces of milk, were ordered, and the former treatment stopped.

October 1.—Vomiting, diarrhœa, and pain in the lower part of the abdomen almost continuous. Sodii bicarb. gr. x, instead of the pulv. ipecac., were added to the bismuth; a cantharidal blister was placed on his epigastrium and afterwards dressed with morph. sulph.; milk f℥ij and lime-water f℥i were given every two hours, alternately with milk punch f℥ij.

October 4.—Vomiting checked for the past two days. Has had a very constant and annoying hiccough since yesterday.

October 7.—Became mildly delirious; diarrhœa and vomiting returned, and a few ecchymotic spots appeared. The hiccough was stopped by hypodermic injections of morphia and atropia.

October 9.—Had some coffee-grounds vomiting. Blood-count showed 785,000 red corpuscles per cm., 9000 white corpuscles per cm.

It was decided to perform transfusion, and accordingly at noon Drs. Charles T. Hunter and J. H. Packard injected f℥vss of defibrinated human blood into the left median basilic vein. The patient seemed cold afterwards, but soon warmed up and felt more cheerful. A blood-count showed 1,245,000 red corpuscles per cm., 6500 white corpuscles per cm.

During the afternoon his respirations became more difficult, and his pulse very feeble. Tinct. digitalis ♏ x were given hypodermically, and ammon. carb. gr. x every two hours by the mouth; hot water and whisky were substituted for the milk punch, which made him sick at his stomach. He sank into a wandering delirium during the night, from which he rallied slightly after hypodermic injections of ether.

October 10.—Death took place at noon, just twenty-three hours after transfusion.

The temperature during the last three weeks was normal in the morning, and usually rose two degrees in the evening, until the last two days of life, when it fell slightly below normal. The pulse ranged wildly and irregularly between 84 and 112, being slightly accelerated in the evenings.

*Autopsy.*—Body much emaciated; subcutaneous adipose tissue scanty.

*Brain.*—Marked sub-arachnoid effusion, greatest over convexity posteriorly. Vessels at base empty. Brain-tissue anæmic, very few vascular points to be seen on section. Lateral ventricles empty.

*Lungs.*—Left: numerous fine, readily broken-down bands of plastic adhesion at apex and over posterior and lateral surfaces; lower lobe somewhat congested and œdematous.

Right: a few ounces of serum in pleural sac; a few isolated bands of pleuritic adhesions; upper and middle lobe œdematous, lower lobe quite congested and very œdematous.

*Heart.*—Flabby; valves normal; small ante-mortem clot in the right ventricle.

*Liver.*—Normal.

*Spleen.*—Slightly more firm than usual; adherent at several points to the left abdominal wall, and the capsule thickened at these points.

*Pancreas.*—More firm than normal; at several points over its surface minute white marks were seen about as large as pins' heads.

*Kidneys and Supra renal Capsules.*—Normal.

*Intestinal Canal.*—Stomach: mucous membrane thickened, much congested near pyloric orifice; over remainder of mucous membrane there were several isolated patches of ecchymosis. Large

and small intestines reduced at least one-third in calibre. The mucous membrane of small intestines appeared to be thin; the glands of Peyer were ill developed, and small isolated patches of ecchymosis were observed.

The mesenteric glands were smaller than usual. The mesentery was loaded with fat, the quantity of fat being much greater than in the subcutaneous areolar tissue.

The following is the report of microscopical examination made by Dr. J. H. C. Simes:

The portion of the bone medulla removed from the shaft of the humerus is of a dark-red color and soft consistence. From a microscopic examination it is found to consist entirely of cells: no fibrous tissue in any appreciable amount could be detected. Neither fat-vesicles nor fat-drops are present. The cells vary in size from $\frac{1}{8500}$ of an inch to $\frac{1}{500}$ of an inch and even larger. Many of the smaller elements are free nuclei, made evident by carmine-staining; others show the characteristics of lymph cells or white blood-corpuscles; others, having the same size as the latter or somewhat larger, are nucleated, the nucleus placed nearer the periphery rather than in the centre of the protoplasm, and the latter is slightly colored yellow; these cells possess all the appearances of nucleated red corpuscles of fœtal blood; others contain a nucleus relatively small to the amount of protoplasm—epithelioid in type; and, finally, large nucleated masses of protoplasm—myeloplaxes.

A section of the small intestines and of a mesenteric gland were examined microscopically: they presented no marked abnormal change. The heart and liver were normal. The spleen contained an increased amount of fibrous and connective tissue.

In the etiology of this disease especial interest has of late years been centred in the changed condition of the alimentary tract. From an elaborate study of three cases, Pepper* has concluded that the primary and essential lesion appears to be an affection of the chief blood-making tissues, spleen, lymphatic glands, marrow of the bones, causing defective elaboration of the blood; and although this may be true in some cases, yet in others one is inclined to make them of secondary consideration to the thickened and congested condition of the mucous membrane of the stomach, and the marked atrophy of the intestines and mesenteric glands, which supply ample cause for the gradual but fatal inanition. Fenwick† gives some very interesting cases in which atrophic changes in the alimentary tract alone were causes of fatal anæmia; and when we bear in mind that both the quantity and the quality of the blood depend mainly upon the quantity of nutriment dissolved and absorbed by the digestive tract, we have quite a comprehensive view of cause and effect in these cases. These atrophic changes seem to have been the most destructive in the foregoing case. Doubtless the irregular attacks of intermittent fever extending over twelve years constituted an active element in the downward course of the patient; but, as there were no acute symptoms of the disease itself within the last three years, but a minor portion of the cause can be assigned to it.

Workers in lead frequently present themselves as marked cases of anæmia, and they may continue to a fatal termination; but the absence of the blue line on the gums or of localized paralysis left but slight suspicion of this cause in the foregoing case.

When used by a competent person, the hæmacytometer is very accurate and satisfactory in diagnosing and noting the progress of these cases. Six months previous to this case the lowest blood-count on record was made on a similar patient in the same hospital, there being but 525,000 red corpuscles per cm.‡

* American Journal of the Medical Sciences, October, 1875.

† On Atrophy of the Stomach and on the Nervous Affections of the Digestive Organs. London, 1880.

‡ Observations with the Hæmacytometer. By F. P. Henry, M.D.

## LOUISVILLE CITY HOSPITAL.

*CLINICAL SERVICE OF WILLIAM H. WATHEN, M.D., OF THE KENTUCKY SCHOOL OF MEDICINE.*

Reported by A. H. Kelch, M.D.

### *LACERATION OF THE CERVIX UTERI.*

(Continued from page 621.)

GENTLEMEN,—At the conclusion of my last lecture I was speaking of the treatment of laceration of the cervix when this condition is detected immediately after its occurrence. The purport of all

treatment is the union of the lacerated edges; but in the event the woman continues to suffer, and the uterus fails to undergo the process of involution, the probabilities are that the union is not complete, and that her condition will not be benefited by anything short of another operation, and by the proper steps she may be entirely cured. Yet too much has been expected of this operation, and too little attention has been paid to the method of performing it, and to the preparatory treatment: hence the objections that have been urged by some writers. Every case of laceration of the cervix is benefited by preparatory treatment, and especially those cases where there has been extensive cellulitis or peritonitis, for so long as there remain any inflammatory deposits or adhesions binding the uterus down, an operation will most certainly fail to do any good, and will be pretty sure to re-establish the original inflammation. The enlarged uterus, by traction on the connective tissue, so obstructs the circulation as to cause congestion not only of the organ itself but also of the surrounding tissues.

The patient's general health should be well attended to, and if there is a tendency to constipation give general laxatives containing small doses of aloes to stimulate the torpid circulation in the pelvic organs. To give tone to the vessels and relieve the congestion, inject a gallon of hot water into the vagina twice a day until all tenderness on pressure against the vaginal roof or uterus has disappeared. This may be hastened by the frequent application of iodine, or an occasional blister upon the abdomen over this region. If the previous inflammation has shortened either broad ligament, the weight of the uterus will be thrown upon it when the woman assumes the erect posture, and this as a source of irritation frequently keeps up an old cellulitis. This is best relieved by a lever pessary. If the pessary causes pain where it comes in contact with the thickened broad ligament, it may be narrowed at that part sufficiently to relieve pressure. If the lever pessary cannot be worn, some other form that will support the uterus or not cause pain may be tried. It is customary before introducing the pessary to antevert the uterus, but this is unnecessary, as the uterus can be more easily and with less injury anteverted by means of the pessary itself. It should be so shaped as to hold the uterus in this position, and by this means the lips will be kept together and a source of irritation removed. If the perineum is lacerated, the pessary must be held in position by a T bandage.

If the parts are so tender that a hard pessary cannot be worn, the lips may be kept together by introducing a pledget of cotton wet in glycerin or bromo-chloralum in front of and behind them, or by an inflated india-rubber ring pessary, which, if introduced with the uterus anteverted, will hold the lips together.

In addition to this treatment, erosion or ulceration should be treated with local applications twice a week, such as Churchill's tincture of iodine, carbolic acid, or some astringent or weak caustic. If the granulations bleed freely when touched, it is well to apply occasionally Monsel's solution of persulphate of iron. Before making any such application, the lips should always be well closed, and it is best to put the woman in the horizontal position for some hours afterwards. If she cannot remain in bed, it is a good plan to antevert the uterus and hold the lips together by forcing a pledget of cotton against the anterior lip. Sometimes in double laceration there is a cicatricial band around the cervix, which, if associated with cystic degeneration of the mucous follicles, nearly strangulates the lips and causes a condition similar to paraphimosis. This condition must be relieved by puncturing the cysts with a lance-shaped knife, by stabs in every direction over the whole of the everted surfaces, followed by a thorough application of Churchill's tincture of iodine. This treatment should be repeated every week until the lips are reduced nearly to their proper size and all erosion has about healed. If these precautions be taken, and the operation be properly performed after the different sources of irritation have been removed, the involution will be rapid, and the woman will regain her usual good health.

Before beginning the operation, inject a gallon of hot water into the vagina, which will contract the blood-vessels and prevent profuse hemorrhage. Place your patient on her left side, or on her back, and expose the cervix with a Sims speculum. Dr. Emmet has devised a uterine tourniquet to enclose the cervix above the laceration to

prevent hemorrhage, but the previous injection of the hot water will make it unnecessary to use this instrument unless the cervix is very soft, in which case there is a greater tendency to bleeding. If there has been no cellulitis, the cervix may be drawn down near the vulva; but otherwise it would be a dangerous practice. In the first instance have an assistant to bring the lips together with tenacula, and denude the surfaces on each side of where you intend to make the external os; then introduce a strong iron or silver wire through both lips, on each side, by which the assistant may pull the cervix low in the vagina and hold it while you denude the parts down to the forks of the laceration. You can use the knife or scissors, but where there is a tendency to hemorrhage I prefer the knife, as it makes a smooth cut surface and permits more perfect union by adhesion. When the rent extends to or above the vaginal junction be careful to denude the fork of it superficially, or you may divide the circular artery. If the hemorrhage is profuse, and cannot be arrested by the application of ice or the injection of hot water, it can be partially controlled by traction upon a suture introduced under the base of the rent, or completely so by uniting the suture. Always denude the under side first, so that the blood will not obscure the view. The undenuded portions on each lip should widen gradually from the uterine canal towards the external os, and when brought together they should correspond. This will make a new canal through the cervix, trumpet-shaped, but, as the diminution in size is greater in the neck than in the body, this new canal will become of uniform diameter.

The width of the undenuded surfaces must be in proportion to the amount of hypertrophy, and, since the enlargement is greater at the ends of the lips than at the bottom of the laceration, the canal must necessarily be trumpet-shaped.

If in a double laceration the effort of nature to fill up the fissure by granulation has caused the rent to be filled with a dense cicatricial plug, which prevents perfect apposition of the edges or interferes with healthy circulation, it should be dissected out to its base in a V-shaped piece. Again, if the rupture of cysts along the mucous membrane of the canal or on the vaginal surface causes contraction and converts the former flat edges of the flaps into convex surfaces that cannot be brought into close contact, they must be shaved down until coaptation can be made perfect. It is even sometimes better to partially excavate the projecting surface, so that the sides of the flaps may be put in perfect contact when the sutures are united. When the cervix is lacerated in two or three or more sections, the operation of denuding each cleft and uniting the flaps together would often result in failure, as the traction in opposite directions would cause the sutures to cut out, and the uneven development of the flaps makes it difficult to coapt the surfaces properly. In the bifid form, if we cut out a V-shaped segment and bring the freshened surfaces together, the cervix and canal will be restored to normal size. If the cervix is lacerated into three or more sections, the operation of cutting out a segment on each side and uniting the edges as in double laceration will generally be successful.

The most difficult part of the operation is thought to be the introduction of the sutures. If the tissues are soft, the best needle is a round one, which makes an opening but little larger than the suture and causes no hemorrhage; but where the tissues are indurated, Sims's lance-pointed needle is less likely to break and can be introduced more easily. From two to four silver sutures should be introduced deeply on each side through both lips and united by twisting on the pressure of a shot. The denuded edges should be perfectly approximated, and the sutures should not be drawn too tightly, or they will strangulate the parts and cut out. If there is much hemorrhage, the first suture should be introduced into the tissue beneath the fork of the rent. The sutures must be introduced upon both sides before uniting any of them. There is occasionally hemorrhage from the track of the suture, which can be promptly arrested by the injection of hot water or a saturated solution of alum. It is more difficult to operate on a laceration of one side than upon both, for the reason that it is troublesome to denude the angle and free it from cicatricial tissue: however, if the flaps are held apart by an assistant with a double tenaculum, the obstacles may be to some extent overcome.

The after-treatment consists in keeping the woman in bed for two weeks and in drawing the water for a few days. It may then be passed on the bedpan, or, better, on the hands and knees, in order that

urine may not get into the vagina and come in contact with the cervix. The diet should be nutritious and easily digested, and the bowels be allowed to move daily. After the second day the vagina should be washed out daily, morning and night, with tepid water, preferably carbolized. The sutures should be removed from the seventh to the tenth day. Great care must be exercised in withdrawing them, lest the delicate union between the edges be broken apart. It is best to remove the suture nearest the vaginal junction first; and if the union is not complete, the others may be left in a few days, until the ununited portion may heal by granulation.

The uterus, which should always be anteverted before the operation, will generally remain so while the woman is in bed; and if it tends to become retroverted when she gets up, it should be held in position by the proper pessary, but it must not be so large as the one used before the operation. If this is not attended to, the traction on the lips of the vaginal walls may separate the united edges and reproduce the original trouble. If the vagina is abnormally enlarged or the perineum ruptured, an operation for the relief of these conditions should be performed as soon as the patient has sufficiently regained her health and other circumstances will admit of it.

## TRANSLATIONS.

Gangrene of the Skin of Trophic Origin.—At a recent meeting of the Société de Biologie (*Le Progrès Médical*, 1881, p. 385), MM. Leloir and Dejerine showed a patient suffering from a peculiar affection so rare in France that no previous case has been reported. It was that of a young girl born of nervous stock, her mother being neuropathic and a sister choreic. Three years previously she had begun to display, without previous cause so far as known, patches of superficial gangrene on the cheeks; the eschars separated, and were followed by linear cicatrices in which keloid developed. During three years similar patches showed themselves on the trunk and on the arms. The lesions first manifested themselves with a pricking sensation, a little redness, and a notable diminution of sensibility at the affected point. Within nine hours a whitish patch, not preceded by a phlyctena, formed, and this went on to superficial sphacelation. Later it became brown, detached at its edges, thrown off, and gave place to ulceration, and finally to a cicatrix, when the anæsthesia which had been observable about the borders disappeared. Every fifteen days a fresh eruption of patches occurred. For three weeks previous to the presentation of the patient she had been taking atropia and chloride of gold under Dr. Vulpian's direction, and her condition seemed to be improving.

Treatment of Chorea by Arsenic.—M. Siridey (*La France Médicale*, 1881, p. 782) has used this remedy for a long time. He employs the *liqueur de Boudin*, which is nothing more than a solution made by boiling for a quarter of an hour one part of arsenious acid in one thousand parts of water. The dose varies, of course, according to age. For a child from six to ten years of age, the following formula may be employed:

℞ Boudin's solution, gr. x ad xij,
Syrupi acaciæ, ʒij.—M.

This dose should be taken so frequently that two fluidounces are ingested in the course of twenty-four hours.

By this method complete tolerance is established; but, as the disease is only brought under control when the system is saturated with arsenic, the daily amount of Boudin's solution should be increased by about half a drachm daily until nausea, vomiting, and diarrhœa show themselves. The use of the solution is then suspended for a while, and then recommenced, but with longer intervals. It is at this point in the treatment that the muscular contractions cease. A cure is generally obtained in four to five days; rarely a week is required; M. Siridey has observed it on the third day. The dose of the medicine is then gradually diminished. It suffices to maintain the condition of nausea a single day in order to obtain a definitive cure.

Hydrops Articulorum Intermittens.—Pierson (*Deutsche Med. Wochens.*, 1881, No. 13; *Cbl. f. Chir.*) gives the case of a child, eleven years of age, who had suffered during two years with a swelling of the various joints, appearing suddenly and without regular type. The intervals were at first of several weeks' duration, but gradually became shorter, while the attacks were of longer duration. Exceptionally two joints suffered at once, and even the

ankle- and wrist-joints. The child was otherwise well nourished, always free of fever, the general condition only affected by pain. In contrast to the sudden appearance of the enlargement was its gradual diminution. Electro-cutaneous sensibility over the affected joints was markedly increased, while in acute articular rheumatism this is diminished. The galvanic current alone gave relief. Arsenic was given at the same time.

NOTE ON A PECULIAR PLEURITIC FREMITUS AS A DIAGNOSTIC SIGN OF PULMONARY AFFECTIONS OF AN ARTHRITIC CHARACTER.—At a recent meeting of the Académie de Médecine (*Bull. de l'Acad. de Méd.*, June, 1881) M. E. Collin read a paper on this subject, written by M. Woillez. The author, after speaking of recorded instances of pulmonary complications with arthritic affections, goes on to fill up a gap left by previous authors, by describing a pleuritic rubbing which is a sign of pulmonary rheumatism. He tries to show that it is possible to diagnosticate any chance affection of the chest which may occur, not only during the rheumatismal pyrexia, but aside from any attack, in an individual suffering from the arthritic diathesis. He asserts that the lung is affected by the time the painful symptoms, though slight, are manifested in the shoulders or the upper extremities; and such is the diagnostic value of the sign which he attributes to rheumatism that he considers it the index of arthritism not only during the rheumatic pyrexia, but as a unique sign of rheumatism in patients previously exempt from any sign of the disease.

The sign is as follows. Imagine a perpendicular line drawn from the axilla to the base of the thoracic cavity. In this region, which is not always ausculted by physicians, there may be habitually heard, in pulmonary affections of an arthritic nature, at the junction of the middle and lower thirds, a sound which M. Collin has named "arthritic rubbing," and which resembles the crepitant râle of the first stage of pneumonia. It is only produced during the act of inspiration, and in order to be heard the act must at times be prolonged. It may be observed sometimes on both sides of the chest at once, at other times one and the other alternately, but in the majority of cases it is heard on the right side only. This sound is at first nothing more than a râle of pulmonary congestion of an arthritic character. It is not, in fact, says the reporter to the Academy, pleuritic at all. However, the sign appears to be of practical value, a careful examination of one hundred and forty-five arthritic patients having shown its presence. Whether it may not also occur without the presence of rheumatism is the question which is not yet decided. However, enough is known to make this auscultatory sign well worth the investigation of practical physicians.

A VASO-MOTOR NEUROSIS OF THE SKIN.—Appenrodt (*Deutsche Med. Wochens.*, 1880, No. 16; *Cbl. f. Chir.*) attended a thirteen-year-old boy, of scrofulous habit, but otherwise healthy, who in the space of two years suffered six attacks of a peculiar affection of the skin. This began as redness of the end of the nose, with pain. A few days later, after the exudation of slight moisture from the surface, three parallel longitudinal stripes, like excoriations, showed themselves. Others appeared later on the nose and eyelids. A few days afterwards half-dollar-sized patches appeared on both cheeks, presenting an erysipelatous appearance, with deep infiltration, on the surface of which little pearls of transudation showed themselves, looking like the lesions of eczema. The moisture soon dried up, leaving little crusts, and the entire eruption healed up without scaliness, though a certain amount of reddening of the skin, always worse on exposure to cold, remained.

Three or four attacks occurred in the year. The eruption resembled erysipelas, but was without fever. It also closely resembled exudative erythema, but its symmetry and its constant localization pointed to a vaso-motor origin. A factitious etiology was excluded. All medication remained without effect.

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NITRE-PAPER IN ASTHMA.—Dr. William Murrell (*British Medical Journal*, June, 1881, p. 918) bears testimony to the great value of the fumes of nitre-paper, if properly prepared, in many cases of asthma. Pieces of white blotting-paper, six inches square, are saturated in a hot concentrated solution of chlorate and nitrate of potassium. Six of these pieces are laid one over the other, so as to form a thick tablet. Before quite dry, the pieces of paper may be individually sprinkled with Friar's balsam, camphor, or some other aromatic. When used, the tablet is to be folded like a book-cover, and placed on its edges on a plate, and then lighted.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 24, 1881.

## EDITORIAL.

### CURBSTONE DOCTORS.

THE ingenious journalistic mind has coined a word to describe the new species of medical man who has of late too prominently represented the profession in the eyes of the world, and has given the title "curbstone doctors" to the irresponsible individuals who have been ready with unasked advice for the treatment of the President's case, or who have published their "criticisms" of the medical attendants in the columns of the daily press. Like the financier who was found dead of starvation in a garret, with a "plan to extinguish the national debt" in his pocket, the curbstone practitioner is not unfrequently one whose abundant leisure and freedom from the pressure of personal practice permit him the opportunity to theorize on the President's case to the nearest reporter and to demonstrate the imbecility of the medical attendants and the futility of their fatuous efforts to prevent an intelligent community from understanding what every one but themselves must know, that they are all wrong,—wrong in diagnosis, wrong in treatment, wrong in prognosis,—and that the only thing to save the President's life is—to take the curbstone practitioner's advice.

Of a different sort is the curbstone practitioner whose standing in the community is good and whose fame or notoriety gives his expressions a certain value in the general opinion. The criticisms of such persons as they have appeared in the daily press can but be interpreted in one of two ways,—either as the product of an irresistible itch for notoriety which forces the critic to put himself forward on every public occasion, or, worse still, a venomous envy, hatred, and malice which makes the nation's calamity an excuse for an attack upon the object of its aversion.

The natural desire on the part of the community to possess not merely the facts relating to the case of the illustrious patient, but such comments, however little their worth in the absence of full and exact data, as may be furnished by editorial wisdom, has led many of our contemporaries, lay and medical, into the premature expression of opinions which perhaps, on reperusal at a later date, may give rise to retrospective qualms. Nothing can be lost, except on the part of the "curbstone doctors," by waiting until the history of the case is presented. As to the distinguished gentlemen in charge of the President's case, curbstone judgments, fortunately, do not give them much uneasiness. In the dignified words of one of their number, "the criticism to which the President's medical and surgical attendants have been subjected does not disturb their equanimity in the least. They have a responsible duty to perform. Nothing will be omitted, nothing knowingly committed, which in their judgment will endanger this valuable life, and, when the proper time arrives, they will submit the medical and surgical history of this remarkable injury to the profession, the only tribunal competent to pass an opinion on the conduct of the case."

## CORRESPONDENCE.

### THE ADIRONDACKS.

IN the editorial column of the *Philadelphia Public Ledger*, August 8, 1881, is an admirable article on "Camp Cures," in which it is stated that, owing to an enthusiastic recommendation of the Adirondacks as a cure for consumption, in an article entitled "Camp Lou," which appeared in the May number of *Harper's Magazine*, "great and sad caravans of sick people are to be met with at every turn on the Champlain boats and the

railways on the borders of the Adirondacks. Any and every sort of consumptives are going, regardless of the fact that not every sort of lung-trouble is benefited by the bracing, stimulating, almost congesting air of this great mountain park of New York." Though appearing as an editorial, it is evidently from a professional pen, and contains much that may profit both physician and patient.

I read this for the first time about a fortnight ago, in the very region referred to, and among many of these sad pilgrims. To "go to the Adirondacks" appeared to be the only direction that many of them had received; and here they were, hundreds of miles from their homes, drifting, as it were, without compass or captain, and some of them making sad shipwreck of the little that was left them of hope and of life.

With the Adirondack region I have been acquainted for many years, and since the summer of 1869 have made an annual visit to it. I know its value for the sick, as I know its abounding pleasures for the well; but I also know that to send every form and stage of lung-trouble there, without accurate and specific directions for the invalid, and without a personal knowledge of the region itself, is unwise, I had almost said, is cruel.

"Man may not live by bread alone;" and it is equally true that man, and especially a sick man, may not live by air alone. He must have not only good air, but good food; and it will greatly help him if, with these, he have about him good society also. And yet, as has been intimated, everywhere in this region this summer were to be found instances where attention to these essentials had been neglected. It is with the hope of preventing a recurrence of these disasters that this paper is written.

It is needless to give a detailed account of the situation and sanitary properties of the Adirondacks. These have been abundantly furnished by guide-books, and a medical paper on the subject may be found in vol. xv. of the *New York Medical Record*.

That for many forms of bronchial and pulmonary disease, for the early stages of phthisis, for men more advanced in this disease, who love an out-door life and the sports of the woods, much benefit may be obtained, cannot be questioned. The writer has now in his mind a lady sent by him to St. Regis in the summer of 1870,—a patient of the late Dr. Pepper, who was regarded by that accurate diagnostician as hopelessly ill,—who had at that time, with the ordinary rational symptoms of phthisis, the physical signs of dulness on percussion and coarse moist subclavicular râles, but who, from the first, derived advantage from a residence at St. Regis, and who, since that time an annual visitor there, is now apparently well, the physical signs having long since disappeared with her improved general condition. The late Dr. Ralph Townsend—then with extensive tuberculous softening—found great benefit from his life at St. Regis, and that life and the enjoyment of it were for some years prolonged by his visits there. One of the most remarkable instances of the good effects of this climate is that of Dr. Edward C. Trudeau, of New York, who left that city some years since, apparently a hopeless invalid, and who, after having lived for some years continuously at St. Regis and its vicinity, is now a type of vigorous and active manhood. But, it must be added, in these years there have been not a few who have come to St. Regis with bright hopes who have failed to find there the health they so earnestly sought.

I have named St. Regis first because it was in this immediate vicinity that "Camp Lou" was situated, and because "Paul Smith's" is named by the magazine-writer as the cure for consumption. At Paul Smith's the invalid has long had the best social and hygienic advantages to be found in any public house in the Adirondacks. Here may indeed be found good air, good food, and good society. And yet it is not every one with pulmonary disease who should go to St. Regis. In the first place, besides an hour by rail from Plattsburg, there is a drive of nearly forty miles by stage-coach, which, however easy it may be for the tourist, is a pretty hard day's work for the invalid.* This, however, may be greatly lightened of its fatigue by stopping for the night at "French's," about half-way in the journey, or, perhaps even better, by resting at Bloomingdale, about ten miles east of Paul Smith's. The road is not a rough one, but is rather monotonous and tiresome. Of late years "Paul Smith's" has become a favorite and fashionable hotel, and for many summers has been so crowded as to greatly tax its obliging manager to find room for the crowds who visit it. An invalid arriving without previous notice, and sometimes even with previous notice, may be compelled to put up with quarters which are unsuitable for him. The only way by which this can be surely avoided is to go there early in the season, say in June or July, before the tide of travel has set that way. With these precautions, I believe many sufferers from lung-disease may be greatly helped by a residence at St. Regis.

Near by—say less than half a day's journey—is the Prospect House, on Upper Saranac Lake. This is beautifully situated, commands a lovely lake and mountain view, has comfortable rooms and a good table. It is well known to some of our Philadelphia physicians, one of whom, at least, spends a part of each summer there.

From the Prospect House to Tupper's Lake a little steamer plies daily, and it is doubtful if in the whole Adirondack region there is a more beautiful sheet of water than this.

* The writer was told this summer that next year this stage-drive would be shortened to twenty-six miles.

"Mark Moody" has a plain and, for tourists, a comfortable house at one end of the lake; but it is scarcely comfortable enough for invalids. At the other end of Tupper's Lake is "McClure's" Hotel,—one of the best-kept houses in the woods. For tourists it is a very desirable place; but Tupper's Lake, when I last saw it, was not in telegraphic communication with the outer world, and to the sick man it seems to be very far from his home. And yet along its shores and in its vicinity there are now many Philadelphians in camp, some of whom have long been invalids.

Returning from Tupper's to Saranac Lake, we have Corey's,—a place at which I have never stopped for any length of time, but which I have always heard favorably spoken of. On "the carry" between the upper and the lower Saranac is Bartlett's, a plain but comfortable house, where I have always found a good table. Many who are slightly invalided spend summer after summer here, as they think, to their great benefit. The late Dr. Ely, of Rochester, was for more than twenty summers an annual guest here. The house itself would look more cheerful and attractive if a few coats of paint were put upon it. It is a less expensive place than the others I have named; and, while naming this, it would perhaps be as well to say that "going to the Adirondacks," with all that it implies,—the cost of the journey, the cost of a guide, his board and one's own, and many other incidental but necessary expenses,—cannot be done without considerable outlay: and yet I know no investment which pays so large a dividend—in health, enjoyment, in everything that one needs in his summer vacation—as this does.

Coming from Bartlett's to the lower Saranac, we reach Martin's (now Miller's),—a large house, and one much frequented. I have never liked this place. To me, as I think they would be to invalids, the immediate surroundings of the house are depressing. Perhaps by another year the new proprietor will have the place improved.

Lake Placid, which is about twelve miles from Miller's, or which may be reached directly from Westport, on Lake Champlain, by daily coach, is a beautiful lake with lofty mountains about it, their base seeming to rest in the lake itself. The atmosphere here, like that of the lakes we have mentioned, is highly invigorating, and the general effect of the place is certainly inspiriting. There are four public houses here, and I regard it as a desirable place for invalids, especially for those who do not wish to be far from the line of daily travel. I have had no occasion, in my frequent visits here, to complain, but I was assured by those who had been there this year that the tables generally were poor, which, if correct, is a suicidal policy on the part of the landlords which cannot too soon be corrected. A very pretty rustic house has been built on the lake, known playfully as "Castello Rustico." It is plain and rustic, and would hardly do for confirmed invalids; but for those but little ailing, and with cheerful companions, it would be, I think, a healthful and pleasant resort.

The entrance to Lake Placid from Lake Champlain is by way of Westport and Elizabethtown. This last-named place is itself a favorite with tourists and with some invalids. The rides and the drives about it are beautiful; but the town is a warm—I had almost said, a hot—one; too much so, I think, for invalids.

The coach from Elizabethtown passes through the town of Keene, from which a road carries the traveller into Keene Valley.

Keene Valley, or, as it is often called, Keene Flats, has long been a favorite resort for tourists and for invalids. With the former it must long remain so, for it is a lovely valley, with grand mountain scenery, and is the gate-way to the exquisitely beautiful Ausable Ponds. But my own experience of Keene Valley during the month of August, 1880, did not impress me favorably with it as a place for invalids. The air lacked the snap of Placid, the Saranacs, and St. Regis. In the middle of the day it was very hot, and there seemed to be no way of escaping from the sun's rays. I write this with regret; for the social life at Beede's, in Keene Valley, was of the most delightful character.

Returning to the main coach-route from Elizabethtown, the invalid bound for Placid or the Saranac will find much relief in stopping for the night at the comfortable inn at Edmonds Ponds. A night passed here will enable him to reach Placid or Saranac next day without fatigue.

With much of the region thus described the writer, as he has said, has been well acquainted for the last twelve years. Within a few weeks his steps have been turned in another direction, with an earnest desire to know how much the place might be suited to a class of patients in whom he has long had the deepest interest.

Blue Mountain Lake is a beautiful sheet of water in the southern part of the Adirondack country. To reach it the traveller leaves Saratoga at 9.40 A.M., on the Adirondack Railway, the present terminus of which—North Creek—is arrived at in about three hours. Here coaches and carriages on buckboard springs are in waiting, and a journey of about thirty miles, twenty of which are over an excellent road, has yet to be made. To the tourist this is altogether a pleasant journey, but to the invalid it may be one of great fatigue. Especially is this the case with the last ten miles, which are through a forest, and which are generally made after night sets in. The road is in some places rough, but the chief inconvenience is from the darkness and the dampness of the night journey.

Should it happen to rain, as often it does, these discomforts are greatly increased.*

All this may be obviated, and by the invalid must be obviated, by stopping for the night at "Jackson's," a comfortable inn twenty miles from North Creek and at the beginning of the Woods Road. Next morning the drive may be pleasantly made and without fatigue.

As has been said, Blue Mountain Lake is exquisitely beautiful, closely resembling the most beautiful of the Scottish lakes. Until this year there were but two public houses here. They are both prettily situated, but—and I write it with regret—neither of them seemed to me to be up to the standard which an invalid requires; and yet in both of them there were sick men and women, some of whom had travelled hundreds of miles to get there. In one of these houses the furniture, both of the parlor and the bedrooms, was cheerless and scanty; and I was assured by those who had been there that the table was a poor one. In the other, with much in it to recommend it, my own observation soon showed me that, although with perhaps but a little more effort it might be made so, as it then was its table was unsuited to an invalid's stomach. This was much to be regretted, for here were good air and good society. It may be that another year will give better food. Perhaps it will be said that the writer is fastidious in the matter of diet. He thinks not, but insists that the guest should at least have good, sweet bread, good butter (if possible), good, fresh sweet milk, good beef, and fresh-laid eggs. On this diet an invalid may thrive; without it the best air will prove of but little value.

On the opposite side of the lake, commanding a beautiful view from almost every one of its many windows, there has, this summer, been erected a large hotel, called the Prospect House. This is capable of accommodating several hundred guests, and will be furnished with all the modern improvements,—electric bells, electric lights, etc.; but, what is far more important, it has delightful rooms, most comfortable beds, and a good table. An immense piazza nearly encompasses the house, affording beautiful views of the lake. There is a large drawing-room, with smaller and pretty reading-rooms, in each of which, as night came on, there were large open wood fires burning in pretty and antique fireplaces. Here for nearly a fortnight the writer, with a medical friend from Philadelphia, was comfortably cared for, as were many others of his fellow-townsmen, and here an invalid may find the three requisites which have been so much insisted on,—good air, good food, and good society.

It would, however, be a mistake to suppose that even here a complete exemption is afforded from all ailments. Several of the guests complained of diarrhœa, which by some was referred to the drinking-water,—a matter which must be looked into. I was more disposed to regard it as due to the cold drive through the forest after night. A little good claret at dinner appeared, in most instances, to be all that was needed in the way of medication.

It would hardly be worth while to go so far for good air and good food were there no advantages to be found here which are not to be had nearer home; but that there are many such advantages I do not doubt. Among them are the natural beauties of the place, the restful life it affords, and its clear, bracing atmosphere. A gentleman, himself an invalid, who had visited here long before the place had become so well known, assured me that east of Colorado, after many trials elsewhere, he had found no air so helpful to him as this. But Blue Mountain Lake is but the entrance to a grand series of lakes beyond it. A little steamer every morning at eight o'clock leaves the landing near the hotel for Raquette and Forked Lakes,—types of the wildest and most beautiful of Adirondack scenery. I resist the temptation to say much of the beauty of Eagle, Utowanah, and Raquette Lakes, as well as of that of the narrow rivers which serve as outlets to the lakes, whose shores are deeply wooded and even now have begun to put on their early autumn foliage, where,

> "Double, in air and water, showed
> The tinted maples along the bank."

On Raquette Lake are many pretty private camps, as they are called, but which really are well-built cottages. Besides these there are several small public houses where many invalids have been spending the summer, and which, though not "splendid," are thoroughly "woods-like."

As I write from no other motive than the desire to be helpful to the sick, I must speak of these places as they impressed me when visiting them. At Kenwill's I found several very sick men, one of them a physician from New York, who had greatly improved since he came there, and who, although the subject of serious pulmonary disease, was determined and seemed to be likely to get well. But I was not favorably impressed either with the appearance of the bedrooms or with the table at Kenwill's, though those boarding there seemed to be satisfied with it.

At the northern end of Raquette Lake is a short "carry" which leads to Forked Lake, where the Forked Lake House daily furnishes dinner to the passengers of the little steamer, and where there are several other guests. The landlord is a kind and obliging man, and there is much to tempt one to stay here; but here, again, the table fails to furnish such food as an invalid requires, and until an improvement in this respect be made I cannot conscientiously advise the sick to stay there, notwithstanding the many attractions of the

* It is intended, next year, to shorten the stage-journey, so that the drive after night shall be entirely avoided.

neighborhood. On Raquette Lake, much nearer to Blue Mountain, is "Bennett's," a small and pretty rustic house which impressed me most favorably. It is situated close to the lake, has a forest in the rear, and furnishes most of the advantages, hunting excepted, which can be had in camp. The whole effect of the house was bright and inspiriting; even a mild cultivation of the æsthetic was noticeable, and the dinner which I partook of there was a good one. I know no house in this vicinity which seemed to me to furnish so much of the real woods-life as this did, and the bright, cultivated people who were here, several of them invalids, appeared to be getting its full benefit.

I have written of the life in the public houses, larger and smaller, in this region, rather than of that which is to be had in the camp itself, and I have done so because others have fully written on this latter subject, and because, too, I well know that, of the great numbers of the sick who go to the Adirondacks, comparatively few can or should go into camp. I say this last, too, with a full appreciation of the advantages which the real woods-life has for a certain class of the sick, as well as with an intense love myself for this healthful, restful,—I had almost said, this glorious,—life in the woods, of which Dudley Warner has so truly said, "he who has once experienced the fascinations of the woods-life never escapes its enticements; in his memory of it nothing remains but the charm." But, for the invalid, there is so much involved in the act of "going into camp," that he may well pause before he undertakes it, and inquire if it be possible to obtain even the approximate advantages without incurring the expense, the fatigue, and the privations which it entails. Especially is this the case where the invalid is a woman. I very much doubt if a woman is ever quite in her right place in a camp, while I am very sure that a camp, for a woman who is ill, is an *error loci*. I mean, now, real camp-life, not the elegant substitute which is to be found for it in the pretty cottages which dot the shores of Raquette and Long Lakes. In these the invalid, man or woman, may be as comfortable as at a hotel or at home, and here the presence of woman is often its greatest charm.

At such a house as Bennett's, where one almost necessarily lives out of doors in the daytime, but has three good meals daily and a good bed to sleep on at night, the approximation to the advantages of camp-life is a very close one. And so, too, with the inmates of the larger houses, by the use of a day camp, put up on the pretty shores of Blue Mountain Lake or on that of St. Regis, to which the invalid may perhaps walk, or, every morning, in his little boat, be pulled by his guide, almost the same woods-life and its advantages may be obtained. But it will not be worth while for either the tourist or the invalid to go so far from home if he pass the day or the greater part of it in the hotel, or, still worse, in his room.

I have very hastily written these pages in the few days which have elapsed since my return home, and I have done so in the hope that they may be directly of use to the sick, or, through the columns of this journal, may be of value to those medical men who wish to send patients to the Adirondacks, but who have not a personal knowledge of the places I have named.

For a month to come the beauty of this region will be very great. Already, as has been said, the foliage has begun to put on its autumn tints, and a more exquisite picture than the shores of Blue Mountain, Eagle, and Raquette Lakes in this party-colored dress it would be difficult to imagine. The Prospect House, I am told, will be open all winter, and the St. Regis House will receive guests for one or two months yet to come. The wonderful exemption which this climate affords the subjects of the so-called hay-fever—that strange expression of a gouty diathesis, as I have long believed it to be—will keep many pleasant people here for some weeks longer; for what Sydenham has said of the ordinary form of gout is true of this,—it has for its subjects

> "More rich men than poor men,
> More wise men than fools."

In conclusion, the writer wishes to say that there are doubtless other places in the Adirondacks where an invalid may be comfortable besides those he has named. He has written only of those which he has known by personal observation. Excepting only his old friend and host of St. Regis, he has but a casual acquaintance with the proprietors of the houses he has named, and he has written without fear and without favor. If by these hastily-written pages he can add to the comfort and diminish the anxiety of a single sick man who has been told to "go to the Adirondacks," he will be content.

JAMES J. LEVICK.

1200 ARCH STREET, September 3, 1881.

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TREATMENT OF COMPOUND FRACTURES AND WOUNDS OF JOINTS BY GLYCERIN AND CARBOLIC ACID.—Mr. F. C. G. Griffin reports in the *Lancet*, June, 1881, p. 985, a series of cases, both of compound fracture and of opened joints, in which very satisfactory results followed the use of pads of lint soaked in the glycerinum acidi carbolici of the British Pharmacopœia, without the use of antiseptic spray or any other elaborate preparation. Mr. Griffin regards it as of much importance not to disturb the layers of lint immediately covering and generally adherent to the wound, until the latter has quite healed.—*London Medical Record.*

# PROCEEDINGS OF SOCIETIES.

## AMERICAN DERMATOLOGICAL ASSOCIATION.

### FIFTH ANNUAL MEETING.

Held at NEWPORT, Rhode Island, August 30 and 31 and September 1.

### FIRST DAY—EVENING SESSION.

(Continued from page 793.)

THE session being opened for the reception of communications, Dr. Arthur Van Harlingen, of Philadelphia, read a paper entitled

#### A CASE OF LYMPHANGIOMA TUBEROSUM CUTIS MULTIPLEX,

giving an account of a woman, 30 years of age, who displayed a large number of tumors of various sizes and shapes distributed here and there over the whole body, together with numerous teleangiectases and irregular brownish patches of pigmented skin. The tumors in some cases resembled flabby molluscum fibrosum growths, while in other cases they were smooth lilac or bluish elevations from pin-head to hazel-nut size, and so compressible under the finger as to feel like bladders filled with air and to give the sensation of an umbilical hernia in a child. On excision they were found to consist of a pearly gelatin-like semi-transparent mass, with a smooth, bulging surface and without fluid contents. Microscopic examination showed the structure to be composed of fibrous and granulation-cell tissue, with numerous irregular spaces, sections of dilated lymphatic vessels. But two other cases are on record,—one described by Kaposi in Hebra's work on Skin Diseases, the other reported by Pospelow in the *Vierteljahresschrift für Dermatologie und Syphilis.*

Dr. Louis A. Duhring, of Philadelphia, read a paper entitled

#### THE SMALL PUSTULAR SCROFULODERM,

describing a series of cases of a peculiar papulo-pustular disease of the skin, occurring chiefly on the arms and legs, though found on the face and elsewhere, and characterized by the formation of small reddish lesions, prone to recur and leaving a sharply punched-out scar. The affection resembles most closely the papulo-squamous syphiloderm, from which, however, the history of its course differentiates it. It also resembles the *acne cachecticorum* of Hebra.

### SECOND DAY—MORNING SESSION.

The Committee on Statistics handed in its yearly report, including the classified statistics of some eleven thousand cases reported during the previous year. Appended to the statistical report was a report on leprosy in North America, based upon data contributed by the various members of the Association throughout the United States and Canada. These go to show that the disease is more prevalent in North America than has been generally believed. The rest of the morning session was devoted to the reading of papers on leprosy. Dr. Isaac E. Atkinson, of Baltimore, read a paper on

#### A CASE OF TUBERCULAR LEPROSY,

giving an account of a native of Maryland, a person who had never lived out of the State, but who acquired the disease while resident there. The only possible source of infection to which the origin of the disease could be traced was in the person of a leper living in the neighborhood,—a case already reported by a member of the Association. This leper was on familiar but not intimate terms with the family of the patient. No direct contact of any kind could be ascertained.

Dr. James Nevins Hyde, of Chicago, then read a paper entitled

#### STUDY OF A CASE OF ACUTE TUBERCULAR LEPROSY,

giving full notes of an extraordinary case coming under his observation during its whole course, where the disease developed with great rapidity and led to a fatal result. Dr. Hyde also read a paper communicated to the Association by Dr. H. D. Schmidt, of New Orleans, entitled

#### PATHOLOGY OF LEPROSY.

A paper by Dr. William Fletcher, announced to be read by Dr. Duhring, and entitled

#### CASES OF LEPROSY IN CAPE BRETON, NOVA SCOTIA,

was in order, but, owing to mischance, was not received in time.

### SECOND DAY—EVENING SESSION.

The discussion on leprosy was continued.

Dr. James C. White said he was becoming more and more convinced of late of the contagiousness of leprosy through inoculation. The rise and spread of the disease in the Sandwich Islands seems convincing as to its contagiousness. He would ask Dr. Atkinson if he could explain how contagion took place in this case.

Dr. Atkinson could not say. There were open sores on the old case. Of course he could not assert that there had been no sexual intercourse, but the social standing and respectability of Dr. Atkinson's case was strongly against the possibility of such an occurrence.

Dr. White continued with regard to Dr. Hyde's case. He was inclined to question the diagnosis, as the history seemed a very unusual one and the portrait of the case shown by Dr. Hyde did not resemble tubercular leprosy as ordinarily met with. He would be more ready to accept the diagnosis after a

careful microscopic examination of the lesions had been made.

Dr. J. E. Graham, of Toronto, said that Dr. Keys, who had examined the lepers at Cape Breton, thought the disease contagious only by inoculation. Drs. Bayard and Wilson were of the opinion that it was contagious in a more general sense.

Further discussion turned chiefly upon the pathology of leprosy, some of the speakers inclining to the view, at present becoming prevalent, of the presence of a bacillus, while others, as Dr. Heitzmann, suggested a probable origin in the central nervous system.

Dr. Hyde, in replying to criticisms upon his paper, said he himself was not absolutely positive as to the diagnosis of his case. He would not come to a conclusion until a careful histological examination of the lesions had been made.

Dr. Edward Wigglesworth, of Boston, read a paper on

### BUCCAL ULCERATIONS OF CONSTITUTIONAL ORIGIN.

These are usually syphilitic in nature, though they are not always so. The fact that syphilitic ulcerations sometimes occur in persons above all suspicion of sexual immorality makes it doubly important for the general practitioner to recognize them by their appearance without asking too many questions. The only maladies likely to occasion doubt in regard to diagnosis are lupus and tuberculosis, and occasionally epithelioma. In cases of lupus the local treatment is identical with that adapted to ulcerations due to syphilis. When tuberculosis exists with ulcerations of the fauces or palate, or both, the pulmonary symptoms are almost always far advanced, and even when they cannot be detected the patient is sure to die of tuberculosis, more or less general, and treatment is practically useless. The possibility, however, that the case may be one of either of these diseases should always make the practitioner careful in expressing an opinion and considerate in his language, for the peace of a whole family is often at stake.

The writer then went on to give notes of a series of illustrative cases, and followed these by some general remarks on the treatment, particularly of syphilitic ulcerations. Stimulants are better than caustics, and, indeed, much harm is done by the indiscriminate use of the latter. The parts must be kept well cleansed, and this alone, when the ulceration is in the pharynx, gives great relief. The writer recommended the following solution for atomization:

℞ Tinct. iodini, pts. v;
Glycerinæ, pts. x;
Aquæ, pts. xxx.—M.

The most convenient instrument to use is that known as Fulgraffe's, which is made of hard rubber, with nozzles of various shapes, —one to send a stream of spray up behind the soft palate, one for a horizontal stream, and one for use in the larynx. The bottle should be kept nearly full, so that the stream may not be kept up longer than is intended, owing to compressed air remaining in the bottle. Three or four applications of twenty seconds each will be sufficient to thoroughly cleanse and stimulate any ordinary ulceration.

After the use of the spray, iodoform should be applied to the ulcer with a camel's-hair pencil, or blown on to it by an insufflator. A little powdered gum arabic mixed with the iodoform causes it to adhere better. Iodoform can also be conveniently deposited on the nasal mucous membrane by letting the patient inhale a saturated solution of the drug in ether.

Some cases require the use of the nasal douche with disinfectants. A convenient formula is one teaspoonful of chlorate of potassium with one-third as much carbonate of sodium and fifteen drops of a five-per-cent. solution of permanganate of potassium, all in a quart of water at 25° C., used with a fountain syringe. It is well to remember that a spray or a powder carried by a current of air may be used by blowing it into one nostril while the patient breathes through the open mouth. The spray then passes through the vault of the pharynx and escapes by the other nostril. If desirable, by instructing the patient to breathe through the nose, a powder may be blown into the larynx through the nostril.

Constitutional treatment is of course necessary. The lesions occurring late in the disease,—from the second to the twentieth year, and usually in cachectic subjects,—iodine must play a more important part than mercury. Cod-liver oil, ferric iodide, potassic iodide, iodine spray, and iodoform,—these are the great remedies. Of course all hygienic measures must be united with these.

## THIRD DAY.

Dr. Charles Heitzmann, of New York, read a paper entitled

### CLINICAL EXPERIENCE IN THE USE OF THE SOLUTION OF OXYSULPHURET OF CALCIUM.

This solution, commonly called after the name of Dr. Vleminx, who first introduced its use, has long been known in dermatology. It has been used chiefly for the treatment of scabies, and by Hebra for the removal of patches of psoriasis.

The solution of oxysulphuret of calcium is prepared as follows: Take one part of quicklime, two parts of precipitated sulphur, and twenty parts of water; boil in a china or glass vessel to the remnant of twelve parts, and filter. The dark-brown liquid resultant has a disagreeable smell and is a strong caustic. Oil of anise will in part obviate the objection-

able smell. The solution may be diluted with water or alcohol, the latter precipitating the sulphur, but not materially altering its composition.

The writer had used it in thirty cases of psoriasis of the body, the solution being applied in full strength or diluted, according to the susceptibility of the patient's skin, being rubbed into the patches with a piece of flannel until slight stinging ensues. Care must be taken not to irritate the skin by a too strong solution. Tar ointment is afterwards to be rubbed into the patches.

The writer had employed the solution of oxysulphuret of calcium in ninety-five cases of acne disseminata, of which seventy-five were cured; in twelve the result was unknown, and in three cases the disease was aggravated. The solution is in these cases to be diluted with three to six parts of water, rubbed into the face with a flannel rag, and left on over night. The next morning the face is washed with soap and water. The solution may be employed of greater strength as the patient becomes accustomed to it. Cold cream may be used to disguise the slight desquamation.

The writer had also employed the solution in a few cases of chronic eczema,—fourteen in all. In four cases of chronic eczema of the scrotum, the application of dilute Vleminx's solution, gradually strengthened, resulted in a cure.

Thirty-six cases of rosacea were treated by the writer, with good result in twenty-nine cases.

A limited number of cases of tinea tonsurans were treated by means of the solution, but without beneficial result. Eleven cases of tinea versicolor were treated, with brilliant success in every instance, the solution being used in half strength. It appears to be the safest and surest remedy in this affection.

Finally, six cases of scabies were treated, all successfully.

Dr. Heitzmann also read a paper entitled

REMARKS ON AKIDO-GALVANO-CAUTERY (ELECTROLYSIS) FOR EPILATION,

giving an account of his personal experience with this admirable method, which was introduced a few years ago by Dr. W. A. Hardaway, of St. Louis, a member of the Association.

The report of the committee on examination of a specimen of Ainhum presented last year by Dr. Da Silva Lima, of Bahia, was then read. The committee was of opinion that the disease is the result of artificial constriction of the toe by the negroes who present this deformity.

The various microscopic specimens illustrating the various papers read at the meeting were then placed under several microscopes and demonstrated to the members of the Association. After considerable discussion on these, the Association adjourned, to meet in Newport on September 1, 1882.

The following gentlemen were elected to serve as officers during the coming year: President, James Nevins Hyde, of Chicago; Vice-Presidents, W. A. Hardaway, of St. Louis, and George H. Fox, of New York; Secretary, Arthur Van Harlingen, of Philadelphia; Treasurer, Isaac E. Atkinson, of Baltimore.

## PHILADELPHIA ACADEMY OF SURGERY.

STATED MEETING OF JUNE 6, 1881.

DR. R. J. LEVIS, Vice-President, in the Chair.

ETHYLATE OF SODIUM AS A CAUSTIC.

DR. R. J. LEVIS presented a specimen of this agent, and said, "I have used the ethylate of sodium for some special purposes as a caustic since my attention was directed to it by the several articles of Dr. B. W. Richardson, of London, and am convinced that it possesses peculiar and decided merits. It seems to be applicable to the destruction of morbid tissues which are not amenable to operative treatment by excision or strangulation. Its special merits seem to be that it is rapidly effective, controllable in action, and antiseptic. Its influences seem to prevent suppuration and putrefaction beneath the tissues sphacelated by its action. Its controllable character is certainly one of its marked advantages, as it is not inclined to spread by increased liquefaction on the surrounding parts.

"The ethylate of potassium may also be used, and it is a more powerful caustic than the ethylate of sodium; but Dr. Richardson prefers the latter. The ethylate of potassium is violent in action, and hemorrhage has followed its application.

"In making the ethylate of sodium, Dr. Richardson directs that half a fluidounce of rectified alcohol (sp. gr. 0.975) be put into a two-ounce test-tube, set up in a bath of cold water, to which are to be added, in small pieces at a time, some cuttings of pure metallic sodium. Hydrogen will at once escape. Then add sodium until the gas ceases to escape, warm the water in the bath to 100° F., and add a little more sodium until the gas again ceases to escape; then cool down to 50° F., and add half a fluidounce more of alcohol. This will give a solution of proper strength for general use as a caustic. But it can be made more active, if desired, by the addition of more sodium. The caustic should be kept in a glass-stoppered bottle, in a cool place, and not exposed to direct sunlight. Bottles made with a pointed stopper, which dips down into the solution, are convenient for its application. It may be used over extensive surfaces with the brush of glass fibre, or as well by the ordinary camel's-hair brush; but the brush is destroyed by a single use of the caustic. A

glass rod dipped into the bottle will do for its usual application. The ethylate of sodium must not be diluted by other fluid than alcohol.

"Dr. Richardson says that his use of the ethylates was founded on what is evident of their physical action. It seemed reasonable that if the ethylate were applied to a moist external growth there would be produced two changes,—a caustic action would be set up, and, at the same time, the alcohol would cause instant coagulation of the fluids of the part, so that the destruction would be *purely local and concentrated.* In addition to this there would be the advantage of the antiseptic action, which is so marked.

"The alcoholic solution of ethylate of sodium used by me was made by Wyeth & Brother, of this city. Pure ethylate of sodium, as a dry crystalline salt, is made by Dr. L. Wolff, chemist; but I have not yet had an opportunity of using it.

"Ethylate of sodium has been used subcutaneously, injecting twenty or thirty drops into malignant structures.

"The dry crust on surfaces to which the caustic has been applied should be removed before another application is made, but no force should be used in the detachment. The pain which follows the caustic action, if too long continued, may be relieved by applying undiluted carbolic acid to the part. For this purpose the crystals of carbolic acid are to be liquefied by heat and the solution applied with a brush."

### EXCISION OF THE REDUNDANT SCROTUM FOR THE RELIEF AND CURE OF VARICOCELE.

Dr. M. H. Henry, of New York, was introduced, and made the following remarks on his method of treating varicocele by excision of the scrotum:

My own personal experience leads me to think that varicocele is not a common affection. This view is, I am aware, in conflict with the opinions of many distinguished surgeons. As chief surgeon of the Police Department of New York, I have for many years examined with my assistants applicants for appointment on the force. The result shows the following. During the years 1876–80—five years—1978 applicants submitted to thorough examination, and of this number 41 were rejected for varicocele and 61 for varicose veins of the lower extremities; 7 of the 41 cases of varicocele had also varicose veins of the legs. No one was examined who was not of age, nor, so far as it was possible to ascertain, who was beyond thirty years of age. These restrictions limit the examinations to the age in which, according to all standard authors, varicocele is most likely to occur and be developed to its greatest extent.

This will, to many, seem a small percentage of cases for the large number examined, and it might, without reflection, lead to the belief that the examinations were not very rigid. They are; but it is accounted for in the fact that the applicants are mostly men of the lower working-classes, of robust health, and of more than ordinarily good physique. It affords evidence that varicocele is an affection confined, to a great extent, to persons of feeble or impaired constitution or delicate habit of body, excepting those cases where it suddenly follows an injury or severe strain. This view is sustained by the experts in venereal diseases. The percentage is at least one in ten of those suffering from this class of affections, especially of those suffering from syphilis and old cases of stricture and gonorrhœa. During my term of service as surgeon-in-chief of the State Emigrant Hospitals, covering a period of more than seven years, cases of varicocele were rare, notwithstanding the service was very large. From January, 1873, to January, 1880, in my division, 10,227 patients were treated. This number included cases covering the whole range of surgery and surgical diseases. I am unable to give any reliable statistics. The records were so imperfect, and the assistance afforded me so inadequate, that it was impossible to utilize for reference this interesting field of observation. I believe, however, that the only cases of varicocele called to my attention were in the venereal wards and coexistent with some other disease.

Before referring to the features of varicocele and the operation I advocate for its relief, let me remind you that the main changes that take place in the veins are: 1st, the elongation of the vein; 2d, its tortuosity; 3d, the loss of the function of its valvular apparatus; and, 4th, the loss of resiliency of the veins, which is of various degrees of intensity. This loss of resiliency is due to certain structural changes which take place in the walls of the vein, consisting of a thickening of their coats by proliferation of their connective-tissue elements, following which there occurs fatty degeneration of the muscular elements, which, later on, may increase to a complete calcific degeneration.

In taking these changes into consideration, it will readily be seen that the various cases met with present phases varying in proportion to the extent of the progress of the pathological changes,—namely, those in which there is very little loss of resiliency, in which the varicocele would be slight, and those in which there is an absolute and entire loss, in which case the varicocele would be exceedingly large. As a result of this varicose condition of the veins, greater or less atrophic changes may take place in the testicle. These changes which take place in the veins react on the scrotum, which gradually becomes enfeebled, lengthened, sometimes thinned and redundant. This redundancy, which is probably due to an atony of its dartos muscle, may consist of walls of scrotal tissue of normal thickness, but, from clinical observation, I

think I am warranted in stating that there is thinning of the scrotal walls in the majority of cases: the intensity of this condition is in direct relation to the extent of the varicosity. It may be well to mention here that in many cases, particularly where this thinning of the scrotal walls exists, there is decided enlargement of the superficial scrotal veins.

I will not detain you by making any remarks on the many views, suggestions, and operations for the relief of this disease. I can only say that I believe amputation of the scrotum to be the best and safest of all surgical procedures. I am somewhat surprised that it is not in favor in England, nor has it received much attention from the Continental surgeons. Strange as it may seem, while Mr. Curling ignores the operation, he cites an admirable illustration of its value in the last edition of his work on the diseases of the testis. In a case related to Mr. Curling by Mr. Coulson, "the patient compressed the ring so tightly as to cause a slough of the integuments, which, having separated, was followed, fortunately, by such contraction of the part as to raise the testicle and afford relief from the uneasy symptoms of the complaint." I have met with a similar result following a case of sloughing due to a phlegmonous erysipelas.

Mr. Henry Lee, of London, recently advocated the removal of a portion of the anterior skin of the scrotum and subsequently dividing the veins which are to be obliterated. All the steps of the operation are conducted through the wound made by the removal of the skin. The veins are temporarily compressed to prevent hemorrhage, and then divided. Mr. Lee said that his object in interfering with the scrotum was to prevent any return of the varicocele. If Mr. Lee's operation is to effect a radical cure—which he claims—of the varicocele by obliterating the veins, and the removal of the redundant scrotum is of no service, I fail to see how his interference with the scrotum, such as he describes, will prevent any return of the varicocele. I allude to these suggestions because they emanate from a distinguished surgeon, who seems to have ignored the results of those who have advocated the removal of the scrotum for the relief of enlarged spermatic veins.

The only objector to this operation, as far as I can learn, is Dr. Frank H. Hamilton. His objection is based on *one* failure to cure on the part of a young man who did the operation shortly after I published my first paper,—ten years ago. The young man held a public appointment, and was subsequently dismissed for incompetency and deficiency of professional knowledge. He was Dr. Hamilton's pupil.

In the removal of a redundant scrotum in the manner I describe, for the relief of varicocele, no more than ordinary skill is called for. The success of any delicate surgical operation depends mainly on the care and management before and after the operation. I venture to allude to many little details because I am fully impressed that they bear an important relation to the chances of success.

Success in any operation depends on attention to details. Cases of minor surgery have frequently, by neglect of details, been converted into cases of major importance.

### DESCRIPTION OF INSTRUMENTS.

The instrument which I have called scrotal forceps, or clamps, consists of two parts (Fig. 1). The main part of the instrument has two double-curved blades, made of steel, about ten inches long, sufficiently heavy to give strength and admit of pressure without injury when in contact with the tissues. The handles are large enough to admit of a good grasp without cramping. That part of the instrument below the joint is curved as nearly as possible according to the natural lines of the raphé, from the upper anterior part of the scrotum down to and under the scrotum, so that it embraces, when placed in front of the scrotum, the entire and exact portion which it is desired to remove. The coapting surfaces are evenly notched to prevent the tissues from slipping, affording a more secure hold on the soft parts, with less pressure and less injury than smooth surfaces. The blades are only thick enough to give strength without leaving too much tissue in front. The handles are curved so that, while they maintain a direct median line, they do not interfere or press on the genital parts. The double spring, besides giving additional security and compactness, renders them, to a great extent, self-acting.

FIG. 1.

The screws in the handle and at the end of the blades afford a complete and perfect hold of the parts to be removed. They are not adjusted until the operator is perfectly satisfied that he has embraced the exact portion to be removed in front of the blades.

The extra blade is made of steel, nickel-plated, and is maintained in the right anterior surface of the clamp by two small pins that fit in grooves cut in the clamp. It is easily inserted with a little pressure, and removed as easily by pressing downward and forward; it is then dislodged by slightly raising the extreme end. The extra blade, when in position, leaves a fenestra to afford the surgeon

the facility of inserting all his ligatures, should he prefer it, before dividing the parts. The thickness or amount of the tissue left in front of the main blade and between that and the extra blade, which is the guide for the part to be removed, is ample to assist union; and if the division is a clean one, and the stitches are close and evenly inserted, the pressure and tension is so slight, or, rather, divided over the entire cut surfaces, that there is little probability of ulceration through the stitches before union has taken place. The stitches must be so nicely taken that the edges are approximated without being too tightly drawn together. If the tissues at the points of insertion of the stitches are too tightly compressed, the cut edges may bulge out. This can be avoided with a little care such as I suggest.

When the part has been removed the extra blade is displaced, leaving a free border exposed in front of the main blade about a quarter of an inch in thickness. In a few minutes the whole wound can be stitched without any inconvenience. The clamp is, of course, not removed until this is accomplished.

Besides the clamp, the only instruments necessary are the scissors or scalpel, needles, with either silk or fine silver wire for sutures, a few acupressure needles, a few *serres-fines*, silver pins, and some adhesive plaster.

For the removal of the redundant portion I prefer scissors to the knife. I am inclined to think the hemorrhage is apt to be less and the cut edges heal more readily by first intention. I cannot give any positive explanation for this, but such is my impression. When the double layers of the scrotum are tightly compressed between the blades of the clamp, it forms a very dense, tough substance, and requires a pair of very strong, sharp scissors to cut through. It is as dense as cartilage. A strong pair of scissors will, with some extra effort, serve the purpose; but, to insure an easy and clean removal of the part, I use a cutting instrument which I have named cartilage-scissors (Fig. 2). I have dispensed with the rings. These scissors can be grasped and handled with the utmost ease. By the aid of the springs on the inner sides of the handles they are self-acting so far as opening the blades. They are curved on the flat side. They are not only useful for this operation, but will, I think, be found to serve better, and are handled with greater facility, than any other scissors, wherever a cutting instrument is needed for cartilage or other dense or thickened tissues.

FIG. 2.

The instruments were made by Messrs. Tiemann & Co., of New York. I need scarcely say that they are as perfect as it is possible for any instrument-maker to make them. Before any anæsthetic is administered, the patient should be carefully examined, and the forceps applied while in a standing position: this will afford the surgeon the best opportunity to decide the exact portion of scrotum to be removed. If this precaution be taken there is no danger whatever of his removing too much tissue. I am satisfied there is much more danger of his not cutting off enough. The patient being placed in a recumbent position, his thighs well separated with folded towels, the forceps are applied by placing the blades in front and under the anterior portion of the scrotum, and held in a direct median line. The end of the forceps being close to the perineum, the scrotum is then engaged between the blades of the forceps. Care must, of course, be exercised not to include anything more than the scrotum. As soon as they are adjusted and the proper amount of tissue to be removed engaged between the blades, the screws should be tightened and the part removed.

I find that by carrying the incision very low down, to the lowest and most pendulous part of the scrotum, it affords the easiest egress for any little portion of blood or serum that might collect there, and at the same time prevents, or at least lessens the chances of, an abscess. While I have never met with any such complication, I am nevertheless aware of the possibility of such an occurrence.

I use the ordinary interrupted suture; it affords advantages over the running stitch should it subsequently be found necessary to divide one or two stitches in case of hemorrhage or in case of severe œdema. If the interrupted suture be used, each stitch, being independent of its neighbor, affords facilities under these circumstances which I think are of no small value. The stitches should be close together. I have used silver pins and the figure-of-8 ligature—the same as practised in cases of hare-lip—in three of my operations. They all did well.

Teats, or angular points, are sometimes left at each end of the wound. This may be avoided by a slight rounding of the corners. Should any vessel be divided requiring special attention, the application of a small acupressure needle will be found most serviceable. If the bleeding occurs on or very near the border of the incised parts, I apply a *serre-fine* or acupressure needle.

In persons of a feeble or debilitated constitution diffuse hemorrhage may occur, as in any surgical operation. This is best treated by the local application of ice or of a solution of the persulphate of iron. In persons of a true hemorrhagic diathesis the operation should not be performed.

It has been suggested that there was danger

of a retraction of the dartos muscle in amputation of the scrotum; this, I think, cannot possibly occur if the forceps are used with ordinary care.

The treatment following the operation is very simple. A few strips of india-rubber adhesive plaster are fastened around the testes to assist in maintaining the cut edges of the scrotum in perfect apposition and to prevent any dragging on the stitches; a broad strip of adhesive plaster is then placed under the most dependent part of the scrotum and fastened on either side of and above the pubis. The wound should be kept perfectly clean and sponged three or four times daily with a weak solution of carbolic acid and water. Should any untoward symptoms manifest themselves, they would, of course, be treated on general principles.

When the wound has entirely healed and the patient is able to go about, I have been in the habit of advising the use of a suspensory bandage for some time. This precautionary measure is, I think, of decided benefit, allowing, or rather assisting, the enlarged veins to recover from their morbid size and condition.

The main objection urged against this treatment by persons who have never witnessed any of the good results of the operation is the fear of erysipelas. I have never seen any complication of the kind follow the operation, nor do I believe that there is any greater tendency to excite any phlegmonous inflammation in this operation than there is in any other surgical procedure in other parts of the body. The adoption of Lister's apparatus and method of after-treatment would doubtless lessen the risk in the estimation of those who resort to it in their operations.

I was first led to perform this operation because it was suggested by Sir Astley Cooper, who published five cases which he regarded as successful in their results, and an additional case with some extraordinary features submitted by Mr. Key, who was also in favor of this operation, and preferred it to that of ligation of the veins. The difficulty in the performance arose from the want of a proper clamp. The one I presented ten years ago has met, I am pleased to state, with universal approbation. I have now performed the operation fifteen times during the past ten years without any unpleasant results. My cases have ranged between the ages of nineteen and forty-five. The varicoceles were all on the left side, excepting in one instance, when both sides were involved. Nine of the fifteen cases healed perfectly by first intention. The remaining six healed partially by first intention and subsequent granulation. Those that healed by first intention made perfect recoveries within a week. The longest period of confinement in any of my cases was fifteen days. This was the case of a young gentleman of feeble constitution, who had led an irregular course of life for some time before the operation. I operated in his case in February, 1878. The following year he called on Sir James Paget, and directed his attention to the results of the operation. That distinguished surgeon assured him it was a success. I had an opportunity of examining this patient about four months ago. The result was all that could be desired. In another case, operated on in May, 1872, I examined the patient in January last, and the result was equally satisfactory.

In June, 1870, I assisted a surgeon of this city, who removed the redundant scrotum for varicocele from a lad fifteen years of age. The want of a proper clamp rendered the operation a tedious and unpleasant one: there was no union by first intention, and for some time the case looked very unsatisfactory. April 7 of this year, I examined him and found the result to be a good one. He was perfectly satisfied.

In 1863, a gentleman, twenty-seven years of age, consulted a surgeon of this city for relief from a varicocele of left side. The veins were ligated by Ricord's method. The pains continued with the same severity, with the addition of more intense irritation and swelling along the course of the spermatic veins and in the inguinal region. This proved such a serious annoyance that, in 1864, he submitted to amputation of the redundant scrotum. I was present at the operation. The surgeon removed a large section entirely from the bottom and most dependent part, forcing the testes up high, so that when the patient assumed the erect posture the testes bulged out in front of the penis and became an additional annoyance. A third operation was performed,—the removal of a section from the anterior surface of the scrotum, along the median line. He was relieved of his suffering, with the exception of the irritation and swelling in the course of the spermatic veins in the inguinal region. In 1870, another surgeon pronounced that he had a hernia. Under his advice he wore a truss for one year. In 1871, another distinguished surgeon assured him he had no hernia, and confirmed his own impressions that his suffering was due solely to the ligation of the spermatic veins. He continues the use, more or less, of a suspensory bandage. April 14 of this year, I had an opportunity of examining him. The scrotum presented a normal appearance, and the spermatic veins were no longer any source of annoyance. He stated that he felt perfectly well, and said that if asked which operation he thought most advisable, he assured me the removal of the redundant scrotum would be his choice. He said that he would, under all circumstances, condemn ligation of the veins.

I give the details of this case because they furnish evidence of a practical character, after a lapse of sixteen years from the time the first operation was performed, and, ad-

ditionally, because they are given by an educated gentleman of much more than ordinary intelligence.

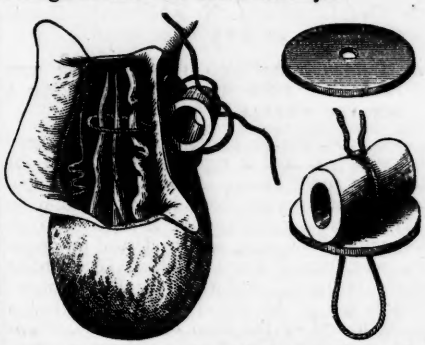
My experience has led me to the following conclusions: 1. Varicocele is a disease that may occur at any period from boyhood to middle life. 2. It occurs mainly in early manhood. 3. It is not of such frequent occurrence as generally believed. 4. It is mostly met with in persons of delicate or impaired constitutions, or in those who have become enfeebled by disease or venereal excesses, or both. 5. In robust persons it may follow a severe strain or direct injury in the region of and along the course of the spermatic veins. 6. It is sometimes complicated with disease of the testicle, hydrocele, and hernia. 7. A correct diagnosis is easily made with ordinary care and attention. 8. Ligation of the veins is not without risk and danger to life, and does not offer any decided prospects of a radical cure. 9. Ligation of the veins does at times cause loss of virility and atrophy of the testicle. 10. The obliteration of the veins by the galvano-cautery has so far proved only a substitute for the ligation of the vessels. 11. Amputation of the redundant scrotum offers at least as good a prospect of cure, without any chance of injury to the glands and without risk to life. 12. Union by first intention becomes as nearly as possible a natural sequence. 13. Dangers from hemorrhage and inflammation are reduced to a minimum. 14. The operation with this instrument is easy of accomplishment.

Dr. Thomas G. Morton spoke of a case of enlargement or elephantiasis of the scrotum, in which he had removed a section of skin and ligated both spermatic arteries. The man was improved by the operation. He also referred to the points of similarity between Dr. Henry's varicocele clamp and an instrument that he himself had devised about eighteen years ago for cutting out a section of skin in cases of entropium.

Dr. Henry stated that Curling mentioned an instance in which varicocele was cured by sloughing of the scrotum. In such cases, and in cases treated by excision, as described, it did not seem probable that the integument would stretch again, as the extensibility had been lost.

Dr. J. M. Barton referred to a case of free hemorrhage that occurred after excision of the scrotum by Dr. S. D. Gross.

Dr. R. J. Levis said that fifteen or eighteen years ago, during his service in the Philadelphia Hospital, he had treated a case of varicocele by cutting off a portion of the scrotum with scissors, but he did not cut away enough of the redundant tissue. In another case he had thrust needles through and tied up with a ligature as much as could be grasped, and then excised. This case he thought resulted better than the other. The attempts were rather awkward, but were in the same direction as the operation described by Dr. Henry. He had employed animal ligatures for tying the varicose veins, but had abandoned their use because of failure, due, in his opinion, to too rapid absorption of the catgut. He now uses a string, which he passes through a metal plate and ties over a small piece of rubber tubing, as represented on the blackboard. The rubber tube acts as an elastic spring to keep up pressure. The ligature does not usually cut through in less than five or six days.



Dr. C. B. Nancrede called attention to the fact that the condition was not merely one of mechanical stretching, but of new growth or hypertrophy, just as hypertrophy occurred in old herniæ.

Dr. John H. Packard asked whether there was any danger of grasping a portion of the vaginal tunic in the clamp and thus cutting it away with the scissors. He himself employed two double ligatures of fine wire, looped through each other and fastened by twisting together over a pad of wood. They could then be tightened up as desired during the ten days which it usually required to effect division of the veins. His patients had not complained much of pain, but the procedure is sometimes tedious. The method resembled Ricord's manner of performing the operation, but the apparatus was simpler.

Dr. S. W. Gross had had Dr. Henry's instruments as first made in his possession, but had always employed ligation. He preferred the elastic ligature because of the pain given when the ordinary cord was repeatedly tightened. The elastic ligature came away in about sixteen days.

Dr. J. Ewing Mears had recently seen two cases of atrophy of the testicle following ligation done by other operators. He thought the procedure described was rational and one that might take the place of the ordinary method of ligature.

Dr. Thomas G. Morton had never seen trouble follow the ligature. He always ligated in two places with silver wire. The upper ligature was applied close to the inguinal ring, the other about one and one-half inches below. The wires were usually removed in

forty-eight hours, though occasionally one was left longer. The symptoms were less violent than in the ordinary manner of ligating, but obliteration of the veins occurred as was desired.

### NEURALGIA OF UPPER JAW.

Dr. R. J. Levis exhibited the patient with neuralgia of the upper jaw whom he had mentioned at the last meeting as a case in which he had pared away the periosteum of the alveolar process. No good result followed the operation, for the pain persisted.

### ARTIFICIAL ANUS AND PROLAPSE OF THE INTESTINE FOLLOWING SLOUGHING OF A SCROTAL HERNIA.

Dr. J. M. Barton exhibited a patient, aged 67, who had had a right scrotal hernia for thirty or more years. About one year ago, after what appears from his description to have been a condition of strangulation or impaction, sloughing occurred, and an opening was formed through which fæces have since escaped. Subsequently the mucous membrane of the bowels became protruded at each end of the loop of intestine, which had been opened by the gangrenous process. At the present time there are several inches of prolapsed colon visible at each of the two openings. From the lower orifice fæces are discharged, showing it to be the upper extremity of the intestine; from the upper opening no evacuations occur. Very infrequently whitish material is discharged from the anus. [This patient was subsequently subjected to operation by Dr. F. H. Gross.]

### CASE OF ATROPHY OF LEGS — PATIENT ENABLED TO WALK BY ADAPTATION OF ARTIFICIAL LIMBS.

Dr. Morton exhibited photographs of a young man who had paralysis and atrophy of the legs, whom he had enabled to walk by flexing the legs upon the thighs and adapting artificial limbs to the stumps thus produced. The boy was able to walk with the aid of canes, which was all that could be expected, as the muscles of the thighs were also diminished in power.

JOHN B. ROBERTS,
Recorder.

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ATROPIA IN VASELINE.—Dr. Klein, of Vienna, recommends, in place of the ordinary solutions of atropin, to use an ointment prepared as follows: Sulphate of atropia, ¼ gr.; vaseline, 160 gr. If the atropin salt be thoroughly triturated with the vaseline, it is unnecessary to use any solvent. The application of this ointment is much easier than the instillation of the solution. It is best applied by means of a camel's-hair brush to the inner surface of the lower eyelid pulled down.—*London Medical Record*, June 15, 1881.

## REVIEWS AND BOOK NOTICES.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE. By J. M. CHARCOT, M.D. Translated by LEIGH H. HUNT, B.Sc., M.D. With Additional Lectures by ALFRED L. LOOMIS, M.D. New York, William Wood & Co., 1881. (Wood's Medical Library.)

In this compound volume about two-thirds have been written by Prof. Charcot, and the remainder by Prof. Loomis. After an introductory chapter on Empirical and Scientific Medicine, and one on the General Characteristics of Senile Pathology, there follow chapters on gout and rheumatism to the number of seventeen,—a very large proportion of the work, considering the infrequency of gout in this country. An appendix on temperature closes Charcot's part of the work, and all the other subjects—pneumonia, bronchitis, asthma, atheroma, fatty heart, cerebral hemorrhage and softening, chronic gastric catarrh, constipation, and hypertrophy of the prostate gland—have been treated of by Prof. Loomis, and form the best part of the work, very decidedly, we should say.

THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. BYFORD, A.M., M.D., Professor of Gynæcology in Rush Medical College, etc. Third Edition. Philadelphia, Lindsay & Blakiston, 1881.

Dr. Byford's work having been so long before the medical public, and that public having decidedly expressed its opinion as its value by buying two large editions, it seems scarcely necessary to do more than chronicle the issue of another edition, with the failings of its predecessors, but with added virtues.

The author says in his preface, "Surrounded as I have been by such a throng of active workers, the results of whose labors I have tried to assimilate, my former ideas have been greatly modified, and, I hope, also improved."

THE COMPEND OF ANATOMY. For Use in the Dissecting-Room and in Preparing for Examinations. By JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, etc. Second Edition, revised. Philadelphia, C. C. Roberts & Co., 1881.

The first edition of Dr. Roberts's little book has been exhausted within six months of its appearance,—a fact which speaks well for its popularity among students of medicine.

Though this fact, alone considered, would by no means indicate special worth in any given case, yet in the present instance we are inclined to think the medical student has done well to absorb such a useful and carefully-arranged anatomical guide. By adopting a condensed style, putting in no irrelevant mat-

ter, and saving space where space could be saved, the author has managed to crowd a vast amount of anatomical knowledge into a very small space, and his book is certainly the best of its kind with which we are acquainted.

LECTURES ON DISEASES OF BONES AND JOINTS. By C. MACNAMARA, F.R.C.S. Eng., Surgeon and Lecturer on Surgery at the Westminster Hospital, etc. Second Edition. London, J. & A. Churchill, 1881. 8vo, pp. 551.

Considerable change, in the way chiefly of enlargement, has been made in the second edition of Dr. Macnamara's book, and he has also altered the plan of the work so as to include lectures on diseases of the joints. In fact, as he states in his preface, the greater part of the work has been rewritten. The author's stand-point is that of the practical surgeon. He does not go deeply into the pathology of his subject, but in a series of chapters on the various affections involving the bones he gives a fair idea of the diseases of these structures as the physician and surgeon is apt to meet them. If he is unsatisfactory in any point, it is upon that of pathology. The practical part of the book is very good.

LECTURES ON THE SURGICAL DISORDERS OF THE URINARY ORGANS. Delivered at the Liverpool Royal Infirmary by REGINALD HARRISON, F.R.C.S., Surgeon to the Infirmary, etc. Second Edition, considerably enlarged. New York, William Wood & Co., 1881. 8vo, pp. 395.

When the first edition of Mr. Harrison's work appeared, it was reviewed in these columns at some length, and the judgment passed at that time may only be modified by commending the additions and enlargements to the subject-matter made in the present issue. We cannot so heartily commend the thick paper and loose, straggling-looking type, which, while bringing the volume up to a more considerable size, do so at the expense of making it more clumsy to handle than is necessary.

RHEUMATISM: ITS NATURE, ITS PATHOLOGY, AND ITS SUCCESSFUL TREATMENT. By T. J. MACLAGAN, M.D. London, Pickering & Co., 1881. 8vo, pp. 333.

Dr. Maclagan introduced salicin as a remedy for the treatment of rheumatism to the notice of the profession in 1876. In the present volume the miasmatic theory of rheumatism, referred to in the paper just mentioned, is more fully expounded, and an explanation is offered of the manner in which the salicyl compounds produce "the marked antirheumatic effects which they are now all but universally acknowledged to possess."

That portion of the book to which the reader will first turn is the chapter on the malarial origin of rheumatism. This Dr. Maclagan believes in, and he endeavors to prove his views by argument at considerable length. Considering the malarial origin of the disease proved, he then goes on to show why the salicyl compounds are useful. The book is one for the clinical investigator, and is not a text-book of practice.

LECTURES ON DIGESTION. An Introduction to the Clinical Study of Diseases of the Digestive Organs. Twelve Lectures delivered to Practitioners and Advanced Students of Medicine during the Winter Session, 1878–9, by DR. C. A. EWALD, Lecturer in the Royal University of Berlin, etc. Translated by ROBERT SAUNDBY, M.D. Edin., etc. New York, William Wood & Co., 1881. 12mo, pp. 150.

Dr. Ewald's lectures are already known to many members of the profession, and to these nothing need be said as to their value. The appearance of the present edition gives us the opportunity of recommending the work to the attention of practitioners who are desirous of obtaining in a small compass the results of modern research on the digestive functions. Though strictly scientific, Dr. Ewald's lectures are in the highest degree practical, dealing with the digestive function from the practitioner's stand-point, and not from that of the mere physiologist.

## GLEANINGS FROM EXCHANGES.

URETHRAL FISTULA.—At a recent meeting of the Société de Chirurgie, M. Poncet related the case of a man who came to him with a lesion of the penis producing a urethral fistula. This individual, suffering from hypospadias, introduced into his urethra certain foreign bodies, among others a gold watch-chain, which caused considerable swelling of the prepuce and a fistula. M. Poncet was able to close the fistula by paring the edges and introducing deep and superficial sutures. This treatment succeeded admirably, but the patient on leaving the hospital deliberately tore open the cicatrix.

*Hermaphrodism.*—Another member reported a very curious case of hermaphrodism. A man, born of healthy parents, was registered in his district as belonging to the female sex. At the age of thirteen menstruation commenced, and at the same time the breasts were seen to develop themselves, and "she" was observed to have inclinations common to her sex at that period. She got married, but copulation was never able to take place. Her husband died in 1871. After that time her ideas changed; she had several mistresses, with whom coïtus was regularly accomplished. She shaved every second day; the face is not very masculine, yet the body in its outline approaches nearer that of the male sex. The penis is no larger than that of a child twelve years old. There

is hypospadias. In each labium can be felt a rudimentary testicle. There is no vagina or uterus. This hermaphrodite belongs to the class of the imperfect bi-sexual hermaphrodites of Geoffrey St.-Hilaire. M. Pozzi believed it was more the case of a man with hypospadias than a true hermaphrodite. The infundibulum between the labia was due to the attempts at copulation. The feminine voice and the voluminous breasts were not astonishing, as the same are observed in eunuchs. He believed that hermaphrodism is getting very rare. For the last twenty years not one true case was demonstrated. M. Pozzi was sustained in his views by all the other members, with the exception of M. Tilleux, who thought that hermaphrodites really existed.

*Bromide of Potassium in Epilepsy.*—In a classical book styled "Nouveaux Eléments de Matière Médicale et de Thérapeutique," the authors declare that in the treatment of epilepsy in adults drachm doses of bromide of potassium should be given daily, and gradually increased to two or three, or even six, drachms in the twenty-four hours. This opinion, constituting a grave error and fraught with danger, induced M. Ferraud, who has been a close observer of the results obtained at the Salpêtrière Hospital by M. Sequard de Saulle, to devote his *thèse* to the treatment of this disease as followed by this physician. In comparing the years 1879 and 1880, M. Ferraud divides the epileptics into three categories: the first comprises those patients who for some considerable time have had no more attacks; the second, those in whom the attacks have sensibly diminished by half or more; and the third, those who have been only slightly relieved. Of seventy-nine patients, twelve belong to the first group, fifty-one to the second, and sixteen to the last. M. de Saulle commences with thirty or forty grains, at the most, of bromide of potassium in the twenty-four hours, and after the first fortnight, according to the case, increases it by eight grains. At the end of the second fortnight another slight increase is made, so that at the end of from three to six months the daily dose of from sixty to ninety grains for women and eighty to one hundred and twenty grains for men is attained. These doses should, if possible, not be exceeded. Under any pretext the salt should not be increased too rapidly, for fear of inducing bromism. As soon as a patient remained one year without an attack the medicine was given every second day during the first fortnight of each month, and every day for the second. At the end of two years, if the patient still remained free from attack, the bromide was given but every fourth day during the first fortnight of each month, and every day during the second, and so on. M. de Saulle believes that the reason that medical men are so much discouraged in the treatment of this disease lies in the fact that as soon as a slight amelioration is observed the dose is diminished progressively. He has at present four epileptics who for more than twelve years have not had one attack, yet they have not entirely suspended treatment. Bromide of potassium has been accused of weakening the memory; but this effect is observed only where the daily dose exceeds three or four drachms. In any case, M. de Saulle, when he reaches the dose of ninety grains, orders two or three cups of strong coffee to be taken in the day as a preventive. He has thus never seen any evil results from the salt.—*Correspondence Medical Press and Circular.*

TREATMENT OF CHOREA.—At the end of a paper on chorea, based upon an experience of one hundred cases (*British Medical Journal*, vol. ii., 1881, p. 145), Dr. William Strange speaks of the treatment, saying that the changes must be rung on the so-called nervine tonics, varying them according to the temperament of the child or to the collateral symptoms accompanying the choreic movements. If pallor, palpitations, and loss of weight exist, iron or arsenic, or both, will be necessary. If, on the contrary, the vascular system be sufficiently full and the motile element prevail, then the bromides with ammonia, or the succus conii, will be of most avail. Frequently, whatever the condition of the vascular system and of the general nutrition, no good arrives until we have succeeded, by sedatives, in calming the excessive mobility of the nervous system. In these cases Dr. Strange has used the ice-bag to the spine and the ether spray to the nape of the neck, but not with much success. Direct calmatives—digitalis, belladonna, cannabis indica, with the bromides—answer the best.

The nervous symptoms once quieted, iron or arsenic may now be given, and carried to a somewhat high degree. Some have recommended large doses of arsenic, ten to fifteen minims of Fowler's solution; but Dr. Strange has seldom found that the stomach will tolerate these large doses, and has contented himself with much smaller ones, in combination with iron or zinc.

But, whatever the remedy selected, it will be necessary to continue its administration until it has produced its special physiological effect. Especially is this necessary with the neurotic sedatives. Children bear large doses of belladonna and conium; and Dr. Strange has never found this class of remedies do much good until their full physiological effects (consistent with safety) have been produced.

Dr. Strange used some years ago to treat all his cases of chorea with wine alone, the port wine of the hospital, merely clearing out the primæ viæ, to make sure that trouble was not caused by entozoa or depraved alvine secretions. The amount given was three to six ounces daily, and all the cases got well.

After suspending this treatment for some years, he has recently recommenced it with good results.

ABDOMINAL ABSCESS AS A RESULT OF ENTERIC FEVER.—Dr. R. Bruce Low (*British Medical Journal*, vol. ii., 1881, p. 122) says that abdominal abscess after enteric fever is not often met with. Little information regarding it is given in the text-books. For this reason he places on record two cases which he has met with in practice. The first was that of a girl of five, who had peritonitis in the third week of the fever. From this she rallied, and the distention of the abdomen gradually subsided, leaving only a hard and painful swelling on the right side of the umbilicus. Poultices were applied for a few days. After this the abscess burst spontaneously, discharging horribly offensive pus, and healed up at the end of ten days. The child recovered.

A second case, a girl of seven, had a typical attack of typhoid fever. During the fourth week pain was complained of in the umbilical region, and a hard lump gradually developed to the right of the navel. It could be seen projecting under the abdominal wall as large as a cricket-ball. Poultices were applied. Four days after, the doctor was informed that the lump had burst. The child had asked for the bedpan, into which she passed *per anum* about a cupful of pure pus. On examination, no trace of the lump in the umbilical region could be found. All the symptoms disappeared, and the child made a rapid recovery.

Dr. Low remarks that the origin of the abscess in the first case seemed to have been due to peritonitis arising probably from a deeply ulcerated Peyer's patch, with matting of the intestines, and possible subsequent perforation, with consequent encysting of the extravasated contents of the bowel, which ultimately were discharged through the abdominal wall in the form of an abscess. In the second case the abscess was probably due to the suppuration of a swollen and inflamed mesenteric gland, which had excited adhesion to the bowel, through which it opened and discharged its contents without any bad results. Both children were scrofulous. The occurrence of abscess is important in connection with the possibility of pyæmia after enteric fever.

URETHRAL FEVER—THE USE OF ACONITE AND MORPHINE.—In a report of his hospital service (*New York Medical Record*) a case of urethral fever was alluded to by Dr. Weir. It was of that form which occurs when the urine passes over the cut surface for the first time, rarely before. In such instances the temperature may rise to 104°, 105°, or 106°, rapidly falling the next day. To prevent this rise, aconite and morphia are to be given in doses of three to five minims of the former to one-eighth of a grain of the latter. This is to be repeated after a lapse of two hours, and, if necessary, a half dose may be given at the end of two hours more. This is done because the fever is nervous and due to irritation communicated from the wound to the nervous plexuses supplying the kidney. Dr. Weir's experience with quinine in these cases has been rather negative.

THE FLUORIDES IN MEDICINE.—Dr. J. M. Da Costa (*Archives of Medicine*) has been making some experiments with the salts of fluorine. Fluoride of potassium, of sodium, and ferrous fluoride were the preparations chiefly tested. The fluoride of potassium was best borne and more used. This was given in doses of two or three grains. It was first given in a case of subacute rheumatism with considerable pain. The pain was considerably relieved without producing drowsiness. Gastric disturbance soon set in, however, and the drug had to be stopped. In other cases of rheumatism like effects were produced.

Reviewing the experiments, Dr. Da Costa says that the fluorides, especially the fluoride of potassium, in large doses are prompt emetics without depressing. They seem to relieve pain without producing sedation or sleep. They cannot be given long without producing gastric trouble. Their most singular effect, which is manifest especially with the iron salts, is the anorexia that is produced even by small doses. It is suggested that they may be of use in boulimia, or to counteract the craving for drink. On the whole, however, it seems unlikely that their therapeutic usefulness will be great.—*New York Medical Record.*

THE TREATMENT OF RANULA.—An important discussion took place before the Société de Chirurgie on the treatment of ranula, in which nearly all the members took part. M. Deleus recited a case in which the cyst was excised and cauterized, but at the end of two months it returned. This fact, he believed, resulted from the migration of the sublingual ranula through the muscular fibres of the floor of the mouth and developing a cyst in the buccal cavity. M. Trelat for many years excised with the scissors in the case of small ranulæ, and where they were more voluminous he treated them by puncture and the injection of iodine. M. Després treated every kind of ranula by the drainage, and always with success. M. Verneuil observed that he tried many methods in the treatment of ranula, but with varied success. He adopted the plan of slow section, for which purpose he passed a curved needle charged with a double thread of silver wire through the cyst, and united both ends in a firm knot. In five or six days the section was effected. M. Labbé did not doubt the success obtained by M. Després by his method, but he considered that to keep a seton in the mouth for six months to cure a ranula constituted a verita-

ble infirmity. M. Després, in replying, said that he never knew a patient to complain of it. M. Le Dentu said that M. Auger employs the injection of two drops of chloride of zinc in the deliquescent state into the cyst without previously evacuating it. This treatment always succeeds; there follows a sharp inflammatory reaction, but it is by no means dangerous. The inflammation subsides in five or six days, and at the end of ten days the cure is complete. For small ranulæ one drop of the liquid suffices, and if the cyst is very voluminous it is preferable to draw off a little of the contents before introducing the chloride of zinc. M. Gilette could not agree with M. Le Dentu in considering that chloride of zinc was not attended with danger and that it was always successful. He had seen M. Auger at the Hôpital Beaujon inject three drops and the pain was so intense that the patient tried to jump out of the window; and after all the cyst returned and was eventually excised.—*Medical Press and Circular.*

DRY DRESSINGS WITH POWDERED SALICYLIC ACID.—The good results obtained in the treatment of ulcers, wounds, etc., by the application of powdered iodoform, have led to a similar series of experiments with powdered salicylic acid at the surgical clinic of Erlangen. The method, as described by Schmid, is very simple. The wound is first carefully cleansed and disinfected with a five per cent. solution of carbolic acid. Where practicable, sutures are applied and the closed wound covered with a layer of very finely pulverized salicylic acid, one-half centimetre high and sufficiently extensive to overlay the wound one centimetre in every direction. Excavated wounds, after being cleansed, are carefully plugged with acid, and then likewise powdered, and the whole protected by a piece of antiseptic gauze or salicylated cotton. Wounds thus treated secrete only a small amount of wound-serum, which coalesces with the dressing so as to form an adherent crust. No smell of decomposition manifests itself: on the contrary, several wounds of long standing were thoroughly deodorized by this method, after ordinary Listerian dressings had been ineffectually employed. At the same time the temperature of the patient, if elevated, sinks as much as 2° C. or more. As the dressing appears to promote a luxuriant growth of granulations, it is more applicable to excavated than to surface wounds.—*Deutsche Zeitschrift f. Chirurgie*, Bd. xiv.; *New York Medical Record.*

THE TREATMENT OF NEUROMATA BY ENUCLEATION.—Mr. E. Downes, in the *Lancet*, April, 1881, suggests that in many cases of nerve-tumor the morbid mass may be shelled out by a longitudinal incision, instead of excising the growth with a portion of the nerve itself, or amputating the limb, as in some cases has been done. Three cases are related in which this mode of treatment was successful, the nerve-fibres completely surrounding the tumors, which lay in the centre almost entirely unconnected with the nerve itself. In one case, in which a neuroma of the median nerve was treated by excising the mass with the included portion of the nerve, a large number of smaller neuromata spontaneously disappeared after the larger one was thus removed. [Prof. Kosinski narrated a somewhat similar case (*Medical Times and Gazette*, November, 1874, p. 558); here, after a neuroma of the small sciatic had been excised, a large number of similar tumors spontaneously disappeared.] —*London Medical Record*, June 15, 1881.

TUBERCULOSIS OF THE MAMMARY GLAND.—An authentic case of this exceedingly rare affection is reported by Le Dentu, in the *Revue de Chirurgie*, No. 1, 1881. The patient, a girl of twenty-two years, who had suffered from scrofulous diseases in her youth, was treated in February, 1879, for a chronic abscess of the left breast, which healed after incision and drainage. One year later the same breast became uniformly enlarged, and had to be removed by amputation. On examination it was found permeated with abscesses lined with fungous masses, and containing tubercles possessing all the characteristics of this neoplasm.—*New York Medical Record.*

RESECTION OF LARGE TRUNK-VEINS.—Pilzer opposes strongly (*Deutsch. Zeitschr. für Chir.*, Band xiv. Heft 21) the prejudice against ligature of large veins, citing recently-recorded cases to prove that the fear of pyæmia is groundless. He gives in detail six cases from the Heidelberg surgical clinic. In all six, malignant disease was present; and the internal jugular vein was resected in four cases, both internal jugulars in another, and the femoral vein in the sixth. All the cases recovered. Resection of the vein is much to be preferred to the dissection of it out of the tumor, with the great risk of recurrence of the tumor from fragments left on the vein.—*British Medical Journal*, May 7, 1881.

TRIGEMINAL NEURALGIA.—Dr. Seifert (*Berlin. Klin. Wochensch.*, 1881, No. 11) publishes three cases of trigeminal neuralgia in which he successfully employed compression of the carotid, as recommended by Gerhart. The compression was made to last from fifteen seconds to one and a half minutes, and repeated as often as the pain was interrupted, while arsenic and quinine were likewise administered. Gradually the intervals were lengthened.—*London Medical Record.*

## MISCELLANY.

OUR MEDICAL LITERATURE.—At the last International Congress Dr. Billings, of Washington, was honored by a very considerable

audience to listen to his address on "Our Medical Literature," and fully rewarded were all who managed to escape the pomps and vanities elsewhere, or the labors of the Sections, by hearing one of the most able, exhaustive, and certainly the most racy oration of the Congress. Of course the subject was attractive and capable of profound elaboration, and, as editor of those magnificent volumes now being compiled for the Surgeon-General's Office at Washington, Dr. Billings was *facile princeps*, and succeeded most admirably.

He estimated that one-thirtieth part of the world's literature belongs to medicine and the allied sciences, medical literature owning 120,000 volumes and twice as many pamphlets, with a yearly increase of 1500 volumes and 2500 pamphlets. Of the 180,000 educated medical men scattered over the world, 11,600 contribute to this mass of literature, the United States having the larger actual percentage, and England being outdone by the Germans and French, as well as by the Americans. Reckoning, however, the number of physicians in each country, France shows the greatest and the United States the smallest proportion. Referring to the short lives of most new medical journals, he adduced figures to show that in 1880 there were 24 deaths and 78 births. But Great Britain (John-Bullish even here) "is the most stable of all;" her old journals being on very secure foundations, and new ones not often started.

On the subject of general medical literature he remarked that in days of old, when the profession of medicine, or of a single medical specialty, was an inheritance in certain families, a large part of their knowledge and the efficiency of their remedies was thought to depend upon these being kept a profound mystery. Among the precepts of magic there was no more significant one than that which declared that the communication of the formula destroyed its power, and that hence attempts to reveal the secret must always fail. We have changed all that. Every physician hastens to publish his discoveries and special knowledge, and a good many do the same by that which is not special, or which is not knowledge. For the individual in a degree—for the nation or the race in a much greater degree—the literature produced is the most enduring memorial. And thus in our great medical libraries each of the folios or quaint little black-letter pamphlets which mark the first two centuries of printing, or of the cheap and dirty volumes of more modern days with their scrofulous paper and abominable typography, represents to a great extent the life of one of our profession and the fruit of his labors, and it is by the fruit that we know him. The learned orator concluded his address with a trite verse from the Talmud, which reminds one of the first aphorism of Hippocrates: "The day is short, and the work is great; the reward is also great, and the master presses. It is not incumbent on thee to complete the work, but thou must not therefore cease from it."—*Medical Press and Circular.*

"PAIN-KILLERS."—Prof. A. B. Prescott, of the University of Michigan, in an interesting paper on "Nostrums," read at a State sanitary convention, and since printed in *The Physician and Surgeon*, thus refers to one of the more harmless kinds of these quack preparations, the "Pain-Killers":

Few of them are wholly inert, and most of them have a transient stimulant effect. Of *eight* of them subjected to analysis, six were found to contain the ordinary spirit of camphor, which every thoughtful mother keeps in the house; three contained ammonia, such as any hartshorn-bottle would furnish; four were charged with red pepper; all had some alcohol; oil of sassafras was found in four of them, oil of turpentine in two of them, tincture of guaiac in two, chloroform in one, and myrrh in one. One of the most successful contained in a half-dollar bottle one and a half fluidounces of soap liniment, with one-half fluidounce each of capsicum tincture, ammonia water, and alcohol,—in all, four articles of the United States Pharmacopœia. One that was sold at a dollar for a four-ounce bottle, by a Chinese doctor who had studied many years in the Celestial Kingdom, and who visited the towns of Michigan in a gorgeous car drawn by four horses, with a company of musicians and a lecturer, consisted of camphor spirit, lavender compound spirit, ammonia water, sassafras oil, and alcohol. One made and sold in Germany as Nature's Own Cure, a sure relief for one hundred and sixty-six different diseases, consists of red-pepper tincture, ammonia, and alcohol. Another, noticed since grouping the eight articles, is a Five-Minute Fragrant Pain Cure, that will quiet every ache within five minutes by an exact timepiece. It is a mixture of ether, glycerin, common salt, and water. A Golden Wonder, or Seven Seals, for all the ills liable to occur in this life, is a mixture of ether, chloroform, camphor, peppermint oil, red pepper, and alcohol. Nearly all of these articles are directed to be taken internally, as well as applied externally. Now, almost every person would have some judgment as to how much of ammonia, or turpentine, or camphor, or ether, or strong alcohol, it would be safe to take at once, if to be taken at all, in seeking relief from a violent pain; but what judgment can anybody have as to a safe quantity of such talismanic articles as "Ready Relief," "Wizard Oil," or "Magic Master of Misery"? —*Boston Journal of Chemistry.*

AN ANÆSTHETIC CAR.—A correspondent of the *British Medical Journal* gives the following description of Bert's anæsthetic car for giving nitrous oxide and compressed air. "I was at the St. Louis Hospital one morning;

the car was there, and some operations were to be done in it. We—the patient, doctor, and his students—went into the car; the door, air-tight, was closed, and air forced into the car; in a few minutes my ears began to feel strange, and I was told to swallow, yawn, and blow my nose, which I did every few minutes, and so made the pressure equal on both sides of the drums of my ears. The patient laid himself down on the operating-table, and the anæsthetic agent was given him. He took it very quietly, did not struggle, and was soon insensible. Whilst he was unconscious, an epithelioma was removed from his lower lip; after the wound was sewn up, the compressed air was allowed to escape; the patient got up from the table, walked out of the car, and lay down on the grass; he complained of no headache nor nausea, but said he felt just as usual. We also were glad to escape from the car, on account of the heat, which was very intense. During the operation all the assistants and the surgeons pulled off their coats and waistcoats, and yet they perspired very freely. The car is on wheels, and is carried about from hospital to hospital: the hospitals being under government, the car is a public one, and is taken all over Paris."
—*New York Medical Record.*

ZOEDONE.—The English chemists have lately been giving a good deal of attention to the making of "temperance" beverages, among which *zoedone* is one of the most popular. This is an effervescing phosphorated ferruginous water, which was invented and patented some three years ago by David Johnson, F.C.S. It is described as a most pleasant and refreshing drink, in which the peculiar iron taste is said to be very successfully masked by a peculiar flavoring syrup, which alone is kept a secret. The quantities of the active ingredients in each small champagne-bottle are given by the patentee as follows:

Calcii phosphas, grs. 2½;
Ferri phosphas, gr. 1;
Potassii phosphas, gr. ½;
Sodii phosphas, gr. $\frac{1}{12}$.

—*Boston Journal of Chemistry.*

THE FASHIONABLE BEVERAGES.—Dr. Myrtle, in a paper on gout (*Medical Press and Circular*), says, "In conclusion, let me say a few words on a new tap opened for the sole benefit of the thirsty public. I shall be curious to watch what may happen during the next ten years after we have got our systems fairly saturated with those marvellous drinks which Limited Liability introduces to us, those beautiful, sparkling, refreshing, and invigorating beverages at 5*s.* 6*d.* per dozen, more agreeable than champagne, and, in my opinion, a hundredfold more injurious. In those trashy compounds I believe we shall find a new source of dyspeptic torments and an additional factor of gout. I once was bullied into tasting some stuff with a fine-sounding name and gorgeous get-up: from the little sip I took, I can honestly advise every one who has any respect for his inside to avoid all drinks whose names, whatever their beginnings, end with the letters INE, ONE, or ADE, and stand by the good old-fashioned beverages of our youth. If stimulants are to be taken,—and I believe to a certain extent they are necessary,—you will find sound beer, good wine, and old spirit more wholesome, more suitable to the climatic conditions under which we live, than any other, and not one whit more gouty."

## NOTES AND QUERIES.

### A MODIFICATION OF MARTIN'S RUBBER BANDAGE.

J. J. L. applied to me July 20 for treatment for a large varicose ulcer on the internal aspect of the right leg. On my proposing to apply a Martin's bandage, he demurred, on the ground that he had tried one formerly,—that, owing to the confinement of the perspiration, his leg was in a constant water-bath, and the heat, itching, and pain were unendurable. I had before felt the force of this objection, and have no doubt but that this has been the greatest obstacle to the successful employment of this bandage in a large class of cases.

It occurred to me that the desideratum—ventilation—might be attained by perforating the bandage without sacrificing in other respects its usefulness. In pursuance of this plan, I procured an ordinary shoe-punch and riddled the bandage with holes,—about nine to the square inch. By punching three or four thicknesses at once, the labor was considerably facilitated.

This bandage was applied with entire success. Ventilation is perfect. The leg feels cool, dry, and comfortable, and at this date the ulcer has almost entirely healed.

JOHN S. LEWIS, M.D.

DUBUQUE, IOWA, August 17, 1881.

### TRI-STATE MEDICAL SOCIETY.

OFFICE OF SECRETARY, MITCHELL, IND.,
August 18, 1881.

THE Seventh Annual Meeting of the Indiana, Illinois, and Kentucky Tri-State Medical Society will be held in the city of St. Louis, Mo., Tuesday, Wednesday, and Thursday, October 25, 26, and 27, 1881.

The Profession of the "Mississippi Valley" are cordially invited to attend.

G. W. BURTON,
Secretary.

Medical journals please notice.

DR. H. C. WOOD has returned from Europe, and has removed his residence to 1925 Chestnut Street.

## OFFICIAL LIST

*OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM SEPTEMBER 4 TO SEPTEMBER 17, 1881.*

BROWN, P. R., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for one month. S. O. 210, A.G.O., September 13, 1881.

SKINNER, J. O., CAPTAIN AND ASSISTANT-SURGEON.—To proceed to Fort Verde, A.T., and report to the Post-Commander for duty as Post-Surgeon. S. O. 101, Department of Arizona, September 2, 1881.

REED, WALTER, CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty with Light Battery "A," Second Artillery, ordered to leave Washington Barracks, D.C., on September 20, and march to Yorktown, Va. S. O. 165, Department of the East, September 16, 1881.

BURTON, H. G., CAPTAIN AND ASSISTANT-SURGEON.—To accompany Light Battery "C," Third Artillery, as Medical Officer, on its march from Fort Hamilton, N.Y., to Yorktown, Va., *via* Trenton, N.J., Philadelphia and Columbia, Pa., Baltimore, Md., and Washington, D.C., and remain with it until further orders. S.O. 163, Department of the East, September 14, 1881.

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